2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 733318

1. Entity Name

THE RIDGES HOMEOWNERS ASSOCIATION, INC.

FILED
Jan 28, 2000 8:00 am
Secretary of State
01-28-2000 90109 035 ****61.25

Principal Place of Business	Mailing Address
21055 PERMIT LANE MIAMI FL 33189 US	21055 PERMIT LANE MIAMI FL 33189-3235 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number NOT APPLICABLE ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
BASS, MICHAEL G 8900 S.W. 107 AVE. SUITE 206 MIAMI FL 33176	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE. Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS $61.25	9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees	**Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD FINKELSTEIN, BOB 20874 GROUPER DRIVE MIAMI FL 33189	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MELVIN COPELAND 20924 GROUPER DRIVE MIAMI FL 33189	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD HARDY, JANET 20824 GROUPER DR MIAMI FL 33189	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SHIRLEY COPELAND 20924 GROUPER DRIVE MIAMI FL. 33189	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD ALFONSO, ANA 20874 GROUPER DRIVE MIAMI FL 33189	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S ALFONSO ANA 20874 GROUPER DRIVE MIAMI FL 33189	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD SUAREZ, OLGA 21034 GROUPER DRIVE MIAMI FL 33189	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D WILLIAMS, SONYA 20868 SAILFISH LANE MIAMI FL 33189	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (9/99)

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: JANET HARDY REQUIRED JANET HARDY 1-24-00 (305) 253-2276
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #