

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 733318

1. Entity Name

THE RIDGES HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

21055 PERMIT LANE
MIAMI FL 33189
US

21055 PERMIT LANE
MIAMI FL 33189
US

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 PD
NAME FINKELSTEIN, BOB
STREET ADDRESS 20874 GROUPE DRIVE
CITY-ST-ZIP MIAMI FL 33189 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE TD
NAME HARDY, JANET
STREET ADDRESS 20824 GROUPE DR
CITY-ST-ZIP MIAMI FL 33189 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE S
NAME ALFONSO, ANA
STREET ADDRESS 20874 GROUPE DRIVE
CITY-ST-ZIP MIAMI FL 33189 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE VPD
NAME SUAREZ, OLGA
STREET ADDRESS 21034 GROUPE DRIVE
CITY-ST-ZIP MIAMI FL 33189 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE D
NAME FAGG, LINDA
STREET ADDRESS 20839 SAILFISH LANE
CITY-ST-ZIP MIAMI FL 33189 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE D
NAME COPELAND, SHIRLEY
STREET ADDRESS 20924 GROUPE DR
CITY-ST-ZIP MIAMI FL 33189 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JANET HARDY

4-19-02

305-253-3370

Date

Daytime Phone #

FILED

May 07, 2002 8:00 am
Secretary of State

05-07-2002 90362 018 ****61.25

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DO NOT WRITE IN THIS SPACE

CR2E037 (9/01)