2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 12, 2006 08:00 AM
Secretary of State

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

01042006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

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

BASS, MICHAEL G
8900 S.W. 107 AVE. SUITE 206
MIAMI, FL 33176

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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. I am familiar with, and accept the obligations of registered agent.

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

Filing Fee is $61.25
Due by May 1, 2006

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	FINKELSTEIN, BOB
STREET ADDRESS	20874 GROUPER DRIVE
CITY-ST-ZIP	MIAMI, FL 33189
TITLE	TD
NAME	HARDY, JANET
STREET ADDRESS	20824 GROUPER DR
CITY-ST-ZIP	MIAMI, FL 33189
TITLE	S
NAME	ALFONSO, ANA
STREET ADDRESS	20874 GROUPER DRIVE
CITY-ST-ZIP	MIAMI, FL 33189
TITLE	VPD
NAME	SUAREZ, OLGA
STREET ADDRESS	21034 GROUPER DRIVE
CITY-ST-ZIP	MIAMI, FL 33189
TITLE	D
NAME	FAGG, LINDA
STREET ADDRESS	20839 SAILFISH LANE
CITY-ST-ZIP	MIAMI, FL 33189
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

I00000383418
01/12/06-80052-013 61.25

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 JANET HARDY 1-08-06 305-253-2276
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #