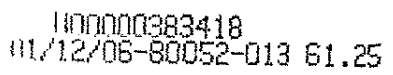
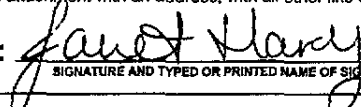


**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED

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

DOCUMENT # 733318			
1. Entity Name THE RIDGES HOMEOWNERS ASSOCIATION, INC.			
Principal Place of Business 21055 PERMIT LANE MIAMI, FL 33189 US		Mailing Address 21055 PERMIT LANE MIAMI, FL 33189 US	
DO NOT WRITE IN THIS SPACE			
		 01042006 No Chg-NP CR2E037 (11/05)	
		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		DO NOT WRITE IN THIS SPACE	
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 _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE			
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		 DO NOT WRITE IN THIS SPACE	
TITLE	PD		
NAME	FINKELSTEIN, BOB		
STREET ADDRESS	20874 GROUPE DRIVE		
CITY-ST-ZIP	MIAMI, FL 33189		
TITLE	TD		
NAME	HARDY, JANET		
STREET ADDRESS	20824 GROUPE DR		
CITY-ST-ZIP	MIAMI, FL 33189		
TITLE	S		
NAME	ALFONSO, ANA		
STREET ADDRESS	20874 GROUPE DRIVE		
CITY-ST-ZIP	MIAMI, FL 33189		
TITLE	VPD		
NAME	SUAREZ, OLGA		
STREET ADDRESS	21034 GROUPE 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			
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		1-08-06 305-253-2276	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	