

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 16, 2007 8:00 am
Secretary of State

02-16-2007 90027 009 ****61.25

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
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address PO Box 653637	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State Miami FL	
Zip	Country	Zip 33265	Country US

4001013



01022007 Chg-NP CR2E037 (12/06)

6. Name and Address of Current Registered Agent BASS, MICHAEL G 8900 S.W. 107 AVE. SUITE 206 MIAMI, FL 33176		7. Name and Address of New Registered Agent	
Name		Name	
Street Address (P.O. Box Number is Not Acceptable)		Street Address (P.O. Box Number is Not Acceptable)	
City		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. 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, 2007	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD FINKELSTEIN, BOB 20874 GROUPE DRIVE MIAMI, FL 33189 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☒ Addition MOBRIE KYLES 20865 GROUPE DR MIAMI FL 33189
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD HARDY, JANET 20824 GROUPE DR MIAMI, FL 33189 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☒ Addition MELVIN COPELAND 20924 GROUPE DR MIAMI FL 33189
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S ALFONSO, ANA 20874 GROUPE DRIVE MIAMI, FL 33189 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☒ Addition MARIA BATRES 20807 SNAPPER PL MIAMI FL 33189
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD SUAREZ, OLGA 21034 GROUPE DRIVE MIAMI, FL 33189 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☒ Addition FRANCISCO BATRES 20807 SNAPPER PL MIAMI FL 33189
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FAGG, LINDA 20839 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

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 **2-12-07** **305-253-2276**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #