

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 733318

FILED
Feb 23, 2009
Secretary of State

Entity Name: THE RIDGES HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

21055 PERMIT LANE
MIAMI, FL 33189 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 653637
MIAMI, FL 33265 US

New Mailing Address:

FEI Number:

FEI Number Applied For ()

FEI Number Not Applicable (X)

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: FRANCISCO, BATRES
Address: 10163 SW 199 ST
City-St-Zip: MIAMI, FL 33157

Title: VPD () Delete
Name: HARDY, JANET
Address: 20824 GROOPER DR
City-St-Zip: MIAMI, FL 33189

Title: S () Delete
Name: ALFONSO, ANA
Address: 20874 GROOPER DRIVE
City-St-Zip: MIAMI, FL 33189

Title: D (X) Delete
Name: SUAREZ, OLGA
Address: 21034 GROOPER DR.
City-St-Zip: MIAMI, FL 33189

Title: TD (X) Delete
Name: KYLES, MOBRIE
Address: 20865 GROOPER DR.
City-St-Zip: MIAMI, FL 33189

Title: D (X) Delete
Name: LEIVA, FELIPE
Address: 20989 SAILFISH LN
City-St-Zip: MIAMI, FL 33189

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: HERDY, JANET
Address: PO 653637
City-St-Zip: MIAMI, FL 33265

Title: VP (X) Change () Addition
Name: BATRES, FRANCISCO
Address: PO 653637
City-St-Zip: MIAMI, FL 33265

Title: S (X) Change () Addition
Name: BATRES, MARIA
Address: PO 653637
City-St-Zip: MIAMI, FL 33265

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JANET HERDY

P

02/23/2009

Electronic Signature of Signing Officer or Director

Date