

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 22, 2007 8:00 am**  
**Secretary of State**

01-22-2007 90073 001 \*\*\*\*61.50

**DOCUMENT # 754226**

1. Entity Name  
**RIDGE GROVES CONDOMINIUM ASSOCIATION, INC.**



Principal Place of Business

13250 RIDGE RD.  
#10-6  
LARGO, FL 33778

Mailing Address

13250 RIDGE RD.  
#10-6  
LARGO, FL 33778

**DO NOT WRITE IN THIS SPACE**



01082007 No Chg-NP CR2E037 (4/06)

4. FEI Number  
**59-2090790**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

NELSON, BARBARA  
13250 RIDGE RD  
4A7  
LARGO, FL 33778

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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, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE PD  
NAME NELSON, BARBARA  
STREET ADDRESS 13250 RIDGE RD 4A7  
CITY-ST-ZIP LARGO, FL 33778

TITLE VPD  
NAME MORRISSEY, THOMAS  
STREET ADDRESS 13250 RIDGE RD #6A4  
CITY-ST-ZIP LARGO, FL 33778

TITLE TD  
NAME TRUMAN, GERALDINE  
STREET ADDRESS 13250 RIDGE RD. 1-8  
CITY-ST-ZIP LARGO, FL 33778

TITLE SD  
NAME SCHWALBACH, JOYCE  
STREET ADDRESS 13250 RIDGE RD., 9-1  
CITY-ST-ZIP LARGO, FL 33778

TITLE D  
NAME JARMUS, RICHARD  
STREET ADDRESS 13250 RIDGE RD., 5A6  
CITY-ST-ZIP LARGO, FL 33778

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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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:**

*Barbara Nelson*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
BARBARA NELSON

*Condo President*  
Date

*727-501-1840*  
Daytime Phone