


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 27, 2006 8:00 am
Secretary of State

03-27-2006 90271 025 ****61.25

DOCUMENT # 755534	
1. Entity Name RIDGEWOOD CONDOMINIUM OF CAPE CANAVERAL ASSOCIATION, INC.	

Principal Place of Business 7605 RIDGEWOOD AVENUE # 19 CAPE CANAVERAL, FL 32920	Mailing Address 7605 RIDGEWOOD AVENUE # 19 CAPE CANAVERAL, FL 32920
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2. Principal Place of Business Suite, Apt. #, etc. CITY & STATE		3. Mailing Address 645 CLASSIC CT SUITE 104 MELBOURNE FL	
City & State MELBOURNE FL	City & State MELBOURNE FL	Zip 32940	Country USA

02142006 Chg-NP CR2E037 (11/05)

4. FEI Number
59-2168507

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

6. Name and Address of Current Registered Agent BURKE, MATTHEW T CPA 503 NORTH ORLANDO AVE SUITE 105 COCOA BEACH, FL 32931	
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7. Name and Address of New Registered Agent Name S. C. P. M. Street Address (P.O. Box Number is Not Acceptable) 645 CLASSIC CT. SUITE 104 MELBOURNE FL 32940	
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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 _____
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**

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
P NORMAND, LAVOIE 308 LINDSEY CT CAPE CANAVERAL, FL 32920	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
VP HILAMAN, DAVID 15350 TOWNSHIP RD 496 THORNVILLE, OH 43076	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Delete
B GENE, KEN 425 TYLER AVE 11 CAPE CANAVERAL, FL 32920	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Delete
T CUNIGAN, ELYSE L PO BOX 1082 CAPE CANAVERAL, FL 32920	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Delete
S CUNIGAN, ELYSE 7605 RIDGEWOOD AVE # 8 CAPE CANAVERAL, FL 32920	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Delete
T CUNIGAN, ELYSE 7605 RIDGEWOOD AVE # 8 CAPE CANAVERAL, FL 32920	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
D KENNER, KEN 425 TYLER AVE #11 CAPE CANAVERAL FL 32920	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
S/T Berger, ARTHUR 627 ADAMS ST CAPE CANAVERAL FL 32920	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
D Kesten, Andrew 148 N. 8th ST LAKE HAWY FL 32746	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: _____ **MAR 16/06 321-783-0846**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #