

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 09, 2006 8:00 am
Secretary of State

02-09-2006 90020 016 ****61.25

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1. Entity Name

THE RIDGEWOOD CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business

90 SW 5 AVE
APT 12
BOCA RATON FL 33432

Mailing Address

90 SW 5 AVE
APT 12
BOCA RATON FL 33432

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

1st MOORE

CR2E037 (10/05)

4. FEI Number

NO-T APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BERNAZZOLI, JOHN M.
4747 HOLLYWOOD BLVD
HOLLYWOOD FL 33021

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: 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 VD ☐ Delete
NAME MERCIER, POPPI
STREET ADDRESS 30 S.W. 5TH AVE. #3
CITY-ST-ZIP BOCA RATON FL 33432

TITLE TD ☐ Delete
NAME GUBANA, MARGARET
STREET ADDRESS 90 SW 5 AVE. #12
CITY-ST-ZIP BOCA RATON FL 33432

TITLE SD ☒ Delete
NAME MANHA, LYDIA
STREET ADDRESS 90 SW 5 AVE # 10
CITY-ST-ZIP BOCA RATON FL 33432

TITLE PD ☒ Delete
NAME WRIGHT, JAMES
STREET ADDRESS 90 SW 5 AVE # 10
CITY-ST-ZIP BOCA RATON FL 33432

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE SD ☒ Change ☐ Addition
NAME Michelle Kabel
STREET ADDRESS 60 S.W. 5 Ave #8
CITY-ST-ZIP Boca Raton FL 33432

TITLE PD ☒ Change ☐ Addition
NAME Renee Snyder
STREET ADDRESS 60 S.W. 5 Ave #7
CITY-ST-ZIP Boca Raton FL 33432

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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 Section 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.