

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

11 FEB -1 PM 12:32

DOCUMENT # 757425

1. Corporation Name

Ridge wood Condominium Assoc. Inc.

2. Principal Office Address - No P.O. Box #

90 S.W. 5 Ave

3. Mailing Office Address

90 S.W. 5 Ave

Suite, Apt. #, etc.

# 12

Suite, Apt. #, etc.

# 12

City & State

Boca Raton, FL

City & State

Boca Raton, FL

Zip

33432 Palm Beach

Zip

33432 Palm Beach

Country

Palm Beach

CR2B081 (6/10)

4. Date Incorporated or Qualified  
To Do Business in Florida

5. FEI Number

NA

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

MARGARET Gubana

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

90 S.W. 5<sup>th</sup> Avenue

Suite, Apt. #, Etc.

Apt. 12

City

BOCA RATON,

State

FL

Zip Code

33432

400193065194  
02/01/11--01023--018 \*\*297.50

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of  
Registered Agent

*Margaret Gubana*  
REGISTERED AGENT MUST SIGN

Date

1/11

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PD	William Mecier	30 S.W. 5 Ave # 3	Boca Raton, FL 33432
V.P.D	Candace Cole	30 S.W. 5 Ave # 1	" " " "
TD	Margaret Gubana	90 S.W. 5 Ave # 12	" " " "
D	Renee Snyder	60 S.W. 5 Ave # 7	" " " "
SD	Patricia Wall	60 S.W. 5 Ave # 6	" " " "
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10. E-mail Address:

(To be used for future annual report notification)

11. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE

*Margaret Gubana*

Margaret Gubana

1/12/11

561-368-7226

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #