

2001 UNIFORM BUSINESS REPORT (UBR)

5/1

FILED
Jun 19, 2001 8:00 am
Secretary of State

05-16-2001 90375 048 ****61.25

DOCUMENT # 757639

1. Entity Name

RIDGE GARDEN CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

6551-6615 DEEB ST.
 PORT RICHEY FL 34668

Mailing Address

PO BOX 1236
 NEW PORT RICHEY FL 34656

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2308441

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

JACKSON, SUSAN
8924 CESSNA DRIVE
NEW PORT RICHEY FL 34654

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.

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

9. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** ☐ Delete
 NAME **JACKSON, SUSAN**
 STREET ADDRESS **8924 CESSNA DRIVE**
 CITY-ST-ZIP **NEW PORT RICHEY FL 34654**

TITLE **RICHARD ROOS** ☐ Change ☒ Addition
 NAME **6615-2 DEEB ST**
 STREET ADDRESS **PORT RICHEY FL 34668**
 CITY-ST-ZIP **V**

TITLE **D** ☐ Delete
 NAME **JACKSON, WILLIAM**
 STREET ADDRESS **8924 CESSNA DRIVE**
 CITY-ST-ZIP **NEW PORT RICHEY FL 34654**

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

TITLE **D** ☒ Delete
 NAME **COVIELLO, LOUIS**
 STREET ADDRESS **6551-1 DEEB ST**
 CITY-ST-ZIP **PORT RICHEY FL 34668**

TITLE **D** ☐ Change ☒ Addition
 NAME **RICHARD ROOS**
 STREET ADDRESS **6615-2 DEEB ST**
 CITY-ST-ZIP **PORT RICHEY FL 34668**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
 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 exemption stated in Section 119.07(3)(i), 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: SUSAN TUCKER JACKSON **4.24.01** **727 846 0183**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)