

2008 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED

08 DEC -9 PM 2: 16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DOCUMENT # N00309

1. Entity Name
RIDGEVIEW GARDENS CONDOMINIUM "1"
ASSOCIATION, INC



Principal Place of Business
C/O HARBOR MGMT. SVCS, INC.
15600 SW 288 ST., STE. 406
HOMESTEAD, FL 33033

Mailing Address
P.O. BOX 924176
HOMESTEAD, FL 33092

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

09242008

Chg-NP

CR2E037 (12/06)

4. FEI Number
59-2378229

Applied For
Not Applicable

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

~~QUAKER, ROBERTS~~
~~11111 COLING RD~~
~~11111 COLING RD, MIAMI~~

Name Joyce Goodman - Guenther, PA
Street Address (P.O. Box Number is Not Acceptable)
Killian Professional Village
10723 SW 104 Street
City Miami FL Zip Code 33176

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]

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12/2/08

Amended AR is \$61.25

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
PTD
BENTON, DEBORAH ☐ Delete
19746 S.W. 103RD CT, #2205
MIAMI, FL 33157

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

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
VP
TOOMER, COREATHA ☐ Delete
19700 SW 103 CT # 201
MIAMI, FL 33157

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition
500138955015
12/11/08--01024--004 ☐ Change ☐ Addition **\$61.25

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

TITLE
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CITY - ST - ZIP
☐ Change ☐ Addition

TITLE
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11/24 ☐ Delete

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CITY - ST - ZIP
☐ Change ☐ 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:

[Signature: Deborah W. Benton]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

11/24/08