

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

FILED
Jan 31, 2006 08:00 AM
Secretary of State

DOCUMENT # N02000005048

1. Entity Name

RIDGE GROVE ASSOCIATION, INC.

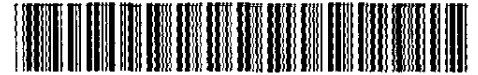


Principal Place of Business

7961 OVERLOOK ROAD
LANTANA FL 33462

Mailing Address

7961 OVERLOOK ROAD
LANTANA FL 33462



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

75-3064936

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

POST, ROBERT E III
1047 RIDGE ROAD SOUTH
LANTANA FL 33465-6137

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	PD	☐ Delete
NAME	COMBS, JOHN	
STREET ADDRESS	1048 RIDGE ROAD S.	
CITY-ST-ZIP	LANTANA FL	
TITLE	VD	☐ Delete
NAME	YANDRASEVICH, RITA	
STREET ADDRESS	1025 HIGHLAND ROAD	
CITY-ST-ZIP	LANTANA FL	
TITLE	TD	☐ Delete
NAME	COMBS, GLENNA	
STREET ADDRESS	1048 RIDGE ROAD SO.	
CITY-ST-ZIP	LANTANA FL	
TITLE	SD	☐ Delete
NAME	POST, ROBERT E III	
STREET ADDRESS	1047 RIDGE ROAD SO.	
CITY-ST-ZIP	LANTANA FL	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN TO

TITLE		☐ Change ☐ Add
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Add
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Add
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Add
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.