


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 08, 2007 08:00 AM
Secretary of State

DOCUMENT # N02697

1. Entity Name
 RIDGE GARDENS OFFICE PARK CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business 6609 RIDGE ROAD SUITE #4 PORT RICHEY, FL 34668 US	Mailing Address 6609 RIDGE ROAD SUITE #4 PORT RICHEY, FL 34668 US
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01042007 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-2552180	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

KEHOE, THOMAS L
 6609 RIDGE ROAD
 SUITE #4
 PORT RICHEY, FL 34668

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25
Due by May 1, 2007

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BOYKO, JAMES A 6545 RIDGE RD PORT RICHEY, FL 34668
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD HUBSHER, MASON 6545 RIDGE ROAD PORT RICHEY, FL 34668
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD KEHOE, THOMAS 6609 RIDGE RD., #4 PORT RICHEY, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MILLER, JAY 6551 RIDGE RD., STE 3 PORT RICHEY, FL 34668
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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 01/09/07-80038-010 61.25

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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: Thomas L Kehoe 1/4/07 (727) 849-2785
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

THOMAS L. KEHOE, TREASURER