

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 28, 2008 8:00 am
Secretary of State

01-28-2008 90048 008 ****61.25

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		
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		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
KEHOE, THOMAS L 6609 RIDGE ROAD SUITE #4 PORT RICHEY, FL 34668				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 _____					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BOYKO, JAMES A		NAME		
STREET ADDRESS	6545 RIDGE RD		STREET ADDRESS		
CITY - ST - ZIP	PORT RICHEY, FL 34668		CITY - ST - ZIP		
TITLE	VPD	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	HUBSHER, MASON		NAME	VPD	
STREET ADDRESS	6545 RIDGE ROAD		STREET ADDRESS	WESLEY MANN	
CITY - ST - ZIP	PORT RICHEY, FL 34668		CITY - ST - ZIP	6609 RIDGE ROAD, SUITE 6	
TITLE	TD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	KEHOE, THOMAS		NAME	PORT RICHEY FL 34668	
STREET ADDRESS	6609 RIDGE RD., #4		STREET ADDRESS		
CITY - ST - ZIP	PORT RICHEY, FL		CITY - ST - ZIP		
TITLE	SD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MILLER, JAY		NAME		
STREET ADDRESS	6551 RIDGE RD., STE 3		STREET ADDRESS		
CITY - ST - ZIP	PORT RICHEY, FL 34668		CITY - ST - ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
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: <u>Thomas L. Kehoe</u> THOMAS L. KEHOE 1/23/08(727)849-2785					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR TREASURER Date Daytime Phone #					

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4. FEI Number 59-2552180 Applied For Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required