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Apr 28 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT **1997**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N07155** **(7)**

1. Corporation Name

RIDGEMOOR MASTER ASSOCIATION, INC.

Principal Place of Business	Mailing Address
1127 MAIN STREET DUNEDIN FL 34698	1127 MAIN STREET DUNEDIN FL 34698-5330

3. Date Incorporated or Qualified: **01/16/1985**

3a. Date of Last Report: **03/19/1996**

2. Principal Place of Business — 21

2a. Mailing Address — 26

Suite, Apt. #, etc. — 22

Suite, Apt. #, etc. — 27

City & State — 23

City & State — 28

Zip — 24 Country — 25

Zip — 29 Country — 30

4. FEI Number: **59-2540599** ☐ Applied For ☐ Not Applicable

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

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

ZSCHAU, JULIUS J
JOHNSON,BLAKELY, POPE, BOKAR, ETA
911 CHESTNUT ST
CLEARWATER FL 34616

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

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

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	SELLINGER, JOHN		1.2 NAME		
STREET ADDRESS	311 PARK PLACE BLVD.		1.3 STREET ADDRESS		
CITY-ST-ZIP	CLEARWATER FL 34619		1.4 CITY-ST-ZIP		
TITLE	VPD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	SIKORSKY, FRED		2.2 NAME		
STREET ADDRESS	311 PARK PLACE BLVD.		2.3 STREET ADDRESS		
CITY-ST-ZIP	CLEARWATER FL 34619		2.4 CITY-ST-ZIP		
TITLE	STD	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	MILLER, FRANCINE		3.2 NAME		
STREET ADDRESS	311 PARK PLACE BLVD		3.3 STREET ADDRESS		
CITY-ST-ZIP	CLEARWATER FL 34619		3.4 CITY-ST-ZIP		
TITLE	D	☒ DELETE	4.1 TITLE	D	☒ Change ☐ Addition
NAME	MEYERS, EUGENE		4.2 NAME	BARNHILL, DONALD	
STREET ADDRESS	3072 WINDMOOR DR		4.3 STREET ADDRESS	4117 Daventry Lane	
CITY-ST-ZIP	PALM HARBOR FL		4.4 CITY-ST-ZIP	Palm Harbor, FL. 34685	
TITLE	D	☒ DELETE	5.1 TITLE	D	☒ Change ☐ Addition
NAME	IMPERATO, PAT		5.2 NAME	BEVER, MARTIN	
STREET ADDRESS	3480 HILLMOOR DR		5.3 STREET ADDRESS	5494 Salem Square Dr. N.	
CITY-ST-ZIP	PALM HARBOR FL 34685		5.4 CITY-ST-ZIP	Palm Harbor, FL. 34685	
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (9/96)

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: [signature] 4/1/97