1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # N07155

1. Corporation Name

RIDGEMOOR MASTER ASSOCIATION, INC.

Principal Place of Business 1127 MAIN STREET

DUNEDIN FL 34698

Mailing Address

1127 MAIN STREET DUNEDIN FL 34698

FILED May 10, 1999 8:00 am § Secretary of State

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2. Principal Pl	Place of Business 2a. Mailing Address			3. Date Incorporated or Qualifed							
21 2505	2595 Tampa Road 26 Tampa Road			01/16/1985							
Suite, Apt.				4. FEI Number			Applied For				
22		27	1			59-2540599			Not A	pplicable	
City & State	Suite H	City & State	4 -		_			\$8.7	5 Add	litional	
一 ´				5. Certificate of Status Desired		•	e Requ				
Zip	Harbor, Fl Country	28 Palm Harbor Zip	Country			6. Election Campaign Financing	<u> </u>	\$5.	00 м	av Be	
	· .	h : -	ลี่		i	Trust Fund Contribution	' 🗆		ded to f		
24 34684 25 USA 29 34684 30 US 9. Name and Address of Current Registered Agent			<u> Սus</u> ⊅			10. Name and Address of New	Registered A				
9. Name and Address of Current Registered Agent 81 Nam											
			Eua	ene C. Ulrich							
ZSCHAU, JULIUS J 82 Stree			Street	t Address	Address (P.O. Box Number is Not Acceptable)						
JOHNSON,BLAKELY, POPE, BOKAR, ETA 259			95 T	95 Tampa Road							
OLI CHECTABLE CT		ite	н								
0. T. 0.1.1. T. 0.1.0.1.0		84	City	1100			85	Zip Co	de		
				ΙР	Palm	Harbor	FL	ľВ	468	4	
11. Pursuant	to the provisions of Sections 617.0502	and 617.1508, Florida Statutes,	the above	a.namer	d comora	tion submits this statement for th	e purpose of	changin	g its re	gistered	
office or r	egistered agent, or both, in the State of maintain familiar with; and accept the obligation	-Florida, Such change was auth	orized by	the con	poration's	s board of directors. I hereby acc	ept the appoir	ııment a	is regis	ieiec	
agent. i a	m lamiliar with, and accept the obligation	ins of, dection of r. dood, riond	a Otatoles	•						,	
SIGNATURE	Signature, typed or printed name of registered agent a	and title if applicable (NOTE: Re	oistered Agen	t signature	e required wh	en reinstating)	DATE				
12.	OFFICERS AND		13.			ADDITIONS/CHANGES TO C	FFICERS AN	D DIRE	CTORS	S IN 12	
TITLE	PD	X DELETE	1.1 TITLE		100	·		K Cha	nge	☐ Addition	
	- -		1.2 NAME		E 1.4	nn, Donald					
NAME	SELLINGER, JOHN						C:1-			ĺ	
STREET ADDRESS	311 PARK PLACE BLVD.		1.3 STREET			9 Worthington		!			
CITY-ST-ZIP	CLEARWATER FL 34619	W screen	1.4 CITY-S	T-ZIP		m Harbor, Fl.	34685	☆ Cha	DG0	Addition	
TITLE	VPD	X DELETE	2.1 TITLE		VPD			K) Clia	lige		
NAME	SIKORSKY, FRED 22 NAME		2.2 NAME		1	n, Sharon					
STREET ADDRESS	311 PARK PLACE BLVD. 23 STREET		ADDRESS	s 311	1 Glenridge Dr	ive					
CITY-ST-ZIP	CLEARWATER FL 34619		2.4 CITY-S	T-ZIP	<u> Pal</u>	m Harbor, Fl.	34685				
TITLE	STD	▼ DELETE	3.1 TITLE		SD			√ Cha	nge	Addition	
NAME	MILLER, FRANCINE		3.2 NAME		Smi	th, Peggy D.					
STREET ADDRESS	311 PARK PLACE BLVD		3.3 STREET	FADDRESS	1	5 Wellington C	rive				
CITY-ST-ZIP	CLEARWATER FL 34619		3.4. CITY- S	T-ZIP		m Harbor, Fl.	34685				
TITLE	D	DELETE.	4.1 TITLE		TD	··· · · · · · · · · · · · · · · · · ·		Cha	nge	Addition	
NAME	BARNHILL, DONALD	^	4. 2 NAME		1 -	res, Juan		. `			
	4117 DAVENTRY LANE		4.3 STREET		I	•	Cin-1-				
STREET ADDRESS						2 Worthington		:		1	
C/TY-ST-ZIP	PALM HARBOR FL	* X XDELETE	4.4 CITY-S	1-ZIP		<u>m Harbor, Fl.</u>	34685	√ Cha	nge	Addition	
TITLÉ	D	¥-Knere is	5.1 TITLE 5.2 NAME			11- Mi	. 1	₩			
DEVEN, MANTIN		. *DDDC.v.		scella, Michae	: T			'			
STREET ADDRESS	5494 SALEM SQUARE DR N					2 Greyston					
CITY-ST-ZIP	PALM HARBOR FL		5.4 CITY-S	T-ZIP	Pal	<u>m Harbor, Fl.</u>	<u>34685</u>			□ Added -	
TITLE		☐ DELETE	6.1 TITLE					☐ Cha	nge	Addition	
NAME			6.2 NAME								
STREET ADDRESS			6.3 STREET	TADORESS	s						

6.4 CITY-ST-ZIP 14. Thereby 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 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

REGUIRED SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR