


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 20, 2006 8:00 am**  
**Secretary of State**

04-20-2006 90206 011 \*\*\*\*61.25

<b>DOCUMENT # N08541</b> 1. Entity Name <b>THE RIDGEWOOD CLUB CONDOMINIUM ASSOCIATION, INC.</b>					
Principal Place of Business <b>600 RIDGE CLUB DR. MELBOURNE, FL 32934-7301</b>			Mailing Address <b>600 RIDGE CLUB DRIVE MELBOURNE, FL 32934 US</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>59-2954514</b>	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<b>OYENI, JEAN 750 RIDGE CLUB DR. MELBOURNE, FL 32934</b>			Name <b>ALENA B. Golon</b> Street Address (P.O. Box Number is Not Acceptable) <b>729 RIDGE CLUB DR</b> City <b>MELBOURNE</b> FL Zip Code <b>32934</b>		
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 <u><i>Nora B Golon</i></u> <b>ALENA B. Golon BOARD MEMBER</b> <u>3/4/09/06</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Make check payable to Florida Department of State</b>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD <b>GOLON, ALENA B</b> <b>729 RIDGEWOOD CLUB DRIVE</b> <b>MELBOURNE, FL 32934</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PRESIDENT</b> <b>JAMES K. MILLER SR</b> <b>626 RIDGE CLUB DR</b> <b>MELBOURNE, FL 32934</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V <b>VITER, JACKIE</b> <b>717 RIDGEWOOD CLUB DRIVE</b> <b>MELBOURNE, FL 32934</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VICE PRESIDENT</b> <b>Dee Penney-Yentzer</b> <b>604 Ridge Club Dr</b> <b>Melbourne, FL 32934</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S <b>RELLA, ELVA</b> <b>608 RIDGEWOOD CLUB DRIVE</b> <b>MELBOURNE, FL 32934</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>LINA TELES GRILLO</b> <b>SECRETARY</b> <b>720 RIDGE CLUB DR. Melbourne</b> <b>FL 32934</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>ALENA B GOLON</b> <b>729 RIDE CLUB DR Board member</b> <b>MELBOURNE FL 32934</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DAVE FREEMAN</b> <b>RIDGE CLUB DR.</b> <b>MELBOURNE, FL 32934</b> <b>BOARD MEMBER</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE 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 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><i>Nora B Golon</i></u> <u>3/4/06</u> <u>321-255-5237</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					