

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N11611 (3)

1. Corporation Name

RIDGE MANOR WEST COMMUNITY CLUB, INC.



Principal Place of Business

6376 WINDMERE RD.
RIDGE MANOR WEST 34602

Mailing Address

6376 WINDMERE RD.
RIDGE MANOR WEST 34602

3. Date Incorporated or Qualified
10/16/1985

3a. Date of Last Report
04/12/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number
59-2646858

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

10. Name and Address of New Registered Agent

**KELLER, JOHN
101 S MAIN ST.
BROOKSVILLE FL 34601**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **DPO** ☒ DELETE
NAME **WENDELL, DORIS**
STREET ADDRESS **31086 INWOOD CIRCLE**
CITY-ST-ZIP **BROOKSVILLE FL**

11 TITLE **DPO Wendell, Doris** ☒ Change ☒ Addition
12 NAME **Pearson, John**
13 STREET ADDRESS **7173 Lexington Circle**
14 CITY-ST-ZIP **Brooksville FL 34602**

TITLE **DVP** ☒ DELETE
NAME **PEARSON, JOHN**
STREET ADDRESS **7173 LEXINGTON CIRCLE**
CITY-ST-ZIP **BROOKSVILLE FL**

21 TITLE **DVP** ☐ Change ☒ Addition
22 NAME **Wendell Doris**
23 STREET ADDRESS **31086 Inwood Cir**
24 CITY-ST-ZIP **Brooksville FL 34602**

TITLE **DS** ☐ DELETE
NAME **SUYDAU, HELEN**
STREET ADDRESS **7004 ASHMONT ST.**
CITY-ST-ZIP **BROOKSVILLE FL**

31 TITLE **same** ☐ Change ☐ Addition
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP

TITLE **DT** ☐ DELETE
NAME **DICKEY, JANET**
STREET ADDRESS **31059 CASTLE RD. DR.**
CITY-ST-ZIP **BROOKSVILLE FL**

41 TITLE **DT** ☐ Change ☒ Addition
42 NAME **Elouski, MaryELLEN**
43 STREET ADDRESS **6447 Robinwood Ave**
44 CITY-ST-ZIP **Brooksville FL 34602**

TITLE **D** ☒ DELETE
NAME **O'LENIC, RAY**
STREET ADDRESS **31048 CASTLE RD DR.**
CITY-ST-ZIP **BROOKSVILLE FL**

51 TITLE **D** ☐ Change ☒ Addition
52 NAME **Klineck Alyce**
53 STREET ADDRESS **31064 Castle Ridge Dr**
54 CITY-ST-ZIP **Brooksville FL 34602**

TITLE **D** ☒ DELETE
NAME **NICODEMUS, DORIS**
STREET ADDRESS **31054 CASTLE RD DR.**
CITY-ST-ZIP **BROOKSVILLE FL**

61 TITLE **D** ☐ Change ☒ Addition
62 NAME **Keeley Mildred**
63 STREET ADDRESS **7082 Lexington Cir**
64 CITY-ST-ZIP **Brooksville FL 34602**

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/23/95
Date

941/796-3758
Daytime Phone #

CR2E037 (12/95)