

FILE NOW: FILING FEE IS \$61.25

FILED

Jan 31 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA 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 34602-75093. Date Incorporated or Qualified
10/16/19853a. Date of Last Report
01/29/1996

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

4. FEI Number

59-2646858

Applied For

Not Applicable

5. Certificate of Status Desired

☐\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution☐\$5.00 May Be
Added to Fees8. 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 reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	DPO	<input checked="" type="checkbox"/> DELETE
NAME	PEARSON, JOHN	
STREET ADDRESS	7173 LEXINGTON CIR.	
CITY-ST-ZIP	BROOKSVILLE FL	
TITLE	DVP	<input checked="" type="checkbox"/> DELETE
NAME	WENDELL, DORIS	
STREET ADDRESS	31086 INWOOD CIR.	
CITY-ST-ZIP	BROOKSVILLE FL	
TITLE	DS	<input checked="" type="checkbox"/> DELETE
NAME	SUYDAU, HELEN	
STREET ADDRESS	7004 ASHMONT ST.	
CITY-ST-ZIP	BROOKSVILLE FL	
TITLE	DT	<input checked="" type="checkbox"/> DELETE
NAME	DICKEY, JANET	
STREET ADDRESS	31059 CASTLE RD. DR.	
CITY-ST-ZIP	BROOKSVILLE FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	KLINCIK, ALYCE	
STREET ADDRESS	31082 CASTLE RIDGE DR.	
CITY-ST-ZIP	BROOKSVILLE FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	KEELEY, MILDRED	
STREET ADDRESS	7082 LEXINGTON CIR.	
CITY-ST-ZIP	BROOKSVILLE FL	

1.1 TITLE	DPO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Rosillo, Helen	
1.3 STREET ADDRESS	6484 Cedar Side Ave	
1.4 CITY-ST-ZIP	Brooksville, FL 34602	
2.1 TITLE	DVP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Rosillo, Florino	
2.3 STREET ADDRESS	6484 Cedar Side Ave	
2.4 CITY-ST-ZIP	Brooksville FL 34602	
3.1 TITLE	DS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Elouki, Mary Ellen	
3.3 STREET ADDRESS	6484 Robinwood Ave	
3.4 CITY-ST-ZIP	Brooksville, FL 34602	
4.1 TITLE	DT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Pearson, John	
4.3 STREET ADDRESS	7173 Lexington Circle	
4.4 CITY-ST-ZIP	Brooksville FL 34602	
5.1 TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Duline, Terry	
5.3 STREET ADDRESS	7002 Amber Ridge Drive	
5.4 CITY-ST-ZIP	Brooksville FL 34602	
6.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	Lertz, Vivian	
6.3 STREET ADDRESS	7193 Lexington Circle	
6.4 CITY-ST-ZIP	Brooksville FL 34602	

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

John O. Pearson 1/16/97 352/796-3758

Date

Daytime Phone # 0086311

CP2E037 (9/96)