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Jan 31 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 # 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 34602-7509

3. Date Incorporated or Qualified: 10/16/1985
3a. Date of Last Report: 01/29/1996

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21	26	59-2646858	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired	\$8.75 Additional Fee Required
22	27	<input type="checkbox"/>	
City & State	City & State	6. Election Campaign Financing	\$5.00 May Be Added to Fees
23	28	Trust Fund Contribution	<input type="checkbox"/>
Zip	Country	29	30
24	25	29	30

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
	85 Zip Code
	FL

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: _____ (NOTE: Registered Agent signature required when relistening) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DPO	1.1 TITLE	DPO
NAME	PEARSON, JOHN	1.2 NAME	Roscillo, Helen
STREET ADDRESS	7173 LEXINGTON CIR.	1.3 STREET ADDRESS	6484 Cedarside Ave
CITY-ST-ZIP	BROOKSVILLE FL	1.4 CITY-ST-ZIP	Brooksville, FL 34602
TITLE	DVP	2.1 TITLE	DVP
NAME	WENDELL, DORIS	2.2 NAME	Roscillo, Florino
STREET ADDRESS	31086 INWOOD CIR.	2.3 STREET ADDRESS	6484 Cedarside Ave
CITY-ST-ZIP	BROOKSVILLE FL	2.4 CITY-ST-ZIP	Brooksville FL 34602
TITLE	DS	3.1 TITLE	DS
NAME	SUYDAU, HELEN	3.2 NAME	Elouksi, Mary Ellen
STREET ADDRESS	7004 ASHMONT ST.	3.3 STREET ADDRESS	6447 Robinwood Ave
CITY-ST-ZIP	BROOKSVILLE FL	3.4 CITY-ST-ZIP	Brooksville, FL 34602
TITLE	DT	4.1 TITLE	DT
NAME	DICKEY, JANET	4.2 NAME	Pearson, John
STREET ADDRESS	31059 CASTLE RD. DR.	4.3 STREET ADDRESS	7173 Lexington Circle
CITY-ST-ZIP	BROOKSVILLE FL	4.4 CITY-ST-ZIP	Brooksville FL 34602
TITLE	D	5.1 TITLE	D
NAME	KLINCIK, ALYCE	5.2 NAME	Dulina, TerrH
STREET ADDRESS	31082 CASTLE RIDGE DR.	5.3 STREET ADDRESS	7002 Amber Ridge Drive
CITY-ST-ZIP	BROOKSVILLE FL	5.4 CITY-ST-ZIP	Brooksville FL 34602
TITLE	D	6.1 TITLE	D
NAME	KEELEY, MILDRED	6.2 NAME	Leitz, Vivian
STREET ADDRESS	7082 LEXINGTON CIR.	6.3 STREET ADDRESS	7193 Lexington Circle
CITY-ST-ZIP	BROOKSVILLE FL	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: *John O. Pearson* REQUIRED John O. Pearson 1/16/97 352/296-3758
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0086311

CR2E037 (9/96)