

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 31, 2006 8:00 am**  
**Secretary of State**

01-31-2006 90011 030 \*\*\*61.25

**DOCUMENT # N14234**

1. Entity Name  
**RIDGEWOOD OAKS CONDOMINIUM ASSOCIATION, INC.**



Principal Place of Business  
**7004 US 301  
CLUBHOUSE ON RIDGEWOOD BLVD  
ELLENTON, FL 34222**

Mailing Address  
**P.O. BOX 432  
ELLENTON, FL 34222 US**

**60009295**



01202006 Chg-NP CR2E037 (11/05)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number  
**59-2759542**

Applied For  
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**HEIDER, WILLIAM A SR  
145 NIGHTINGALE CIRCLE  
ELLENTON, FL 34222**

7. Name and Address of New Registered Agent

Name  
**DONNA BANASEK**  
Street Address (P.O. Box Number is Not Acceptable)  
**23 MEADOWLARK CIRCLE**  
City  
**ELLENTON** FL Zip Code  
**34222**

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

*Donna S Banasek*

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

(NOTE: Registered Agent signature required when reinstating)

*1/24/06*  
DATE

**Filing Fee is \$61.25  
Due by May 1, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make check payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**TD  
HEIDER, WILLIAM A  
145 NIGHTINGALE CIRCLE  
ELLENTON, FL 34222** ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**SD  
BANASEK, DONNA  
23 MEADOWLARK CIRCLE  
ELLENTON, FL 34222** ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**PO  
BANASCK, DONNA  
23 MEADOWLARK CIRCLE  
ELLENTON, FL 34222** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**VD  
PETTIT, ROBERT  
20 MEADOWLARK CIRCLE  
ELLENTON, FL 34222** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
GROSS, BRUCE  
68 MEADOWLARK CIRCLE  
ELLENTON, FL 34222** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
BRACHMANN, HANK  
139 MICKINGBIRD LANE  
ELLENTON, FL 34222** ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**TD  
PIET C. ELWIK  
22 MEADOWLARK CIRCLE  
ELLENTON, FL 34222** ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**SD  
DONALD L. BROWN  
84 EAGLE CIRCLE  
ELLENTON, FL 34222** ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

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:

*Piet C. Elwik*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*1/22/06*

DATE

*941-729-1959*

DAYTIME PHONE