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Feb 20, 1999 8:00 am
Secretary of State

02-20-1999 90161 041 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N16609

1. Corporation Name

RIDGEWOOD OAKS, INC.

Principal Place of Business

%ROBERT B. HAMMOND
624 SOUTH RIDGEWOOD AVENUE
DAYTONA BEACH FL 32114

Mailing Address

%ROBERT B. HAMMOND
624 SOUTH RIDGEWOOD AVENUE
DAYTONA BEACH FL 32114

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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		09/02/1986	
23 City & State		27 City & State		4. FEI Number	
24 Zip		28 Zip		59-2726723	
25 Country		29 Country		30	
5. Certificate of Status Desired				<input type="checkbox"/> \$8.75 Additional Fee Required <input type="checkbox"/> \$5.00 May Be Added to Fees	
6. Election Campaign Financing				<input type="checkbox"/> Trust Fund Contribution	

9. Name and Address of Current Registered Agent

HAMMOND, ROBERT B.
624 SOUTH RIDGEWOOD AVENUE
DAYTONA BEACH FL 32114

10. Name and Address of New Registered Agent

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	PD	1.1 TITLE	
NAME	HAMMOND, ROBERT B.	1.2 NAME	
STREET ADDRESS	624 SOUTH RIDGEWOOD AVE.	1.3 STREET ADDRESS	
CITY-ST-ZIP	DAYTONA BEACH FL	1.4 CITY-ST-ZIP	
TITLE	DST	2.1 TITLE	
NAME	HARRELL, CHARLES A.	2.2 NAME	
STREET ADDRESS	624 SOUTH RIDGEWOOD AVE.	2.3 STREET ADDRESS	
CITY-ST-ZIP	DAYTONA BEACH FL	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	
NAME	KARGES, MICHAEL A.	3.2 NAME	
STREET ADDRESS	624 SOUTH RIDGEWOOD AVE.	3.3 STREET ADDRESS	
CITY-ST-ZIP	DAYTONA BEACH FL	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I 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, with all other like empowered.

SIGNATURE:

Charles A. Harrell
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)