FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT 1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 22 AM 11:14

DOCUMENT # N27021 (7)

1. Corporation Name

RIDGEWOOD ACRES HOMEOWNERS' ASSOCIATION, INC.

Principal Place of Business
5396 LAKE BLUFF TERR
SANFORD FL 32771

Mailing Address
5396 LAKE BLUFF TERR
SANFORD FL 32771

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/20/1988
3a. Date of Last Report: 08/15/1994
4. FEI Number: 59-2952929 ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business
21 2394 RIVER TREE CIRCLE
Suite, Apt. #, etc.
22 N/A
City & State
23 SANFORD, FLORIDA 32771
Zip 24 32771 Country 25 USA

2a. Mailing Address
26 2394 RIVER TREE CIRCLE
Suite, Apt. #, etc.
27 N/A
City & State
28 SANFORD, FLORIDA 32771
Zip 29 32771 Country 30 USA

9. Name and Address of Current Registered Agent

MICHAEL S. SPOGNARDI
5396 LAKE BLUFF TERRACE
SANFORD FL 32771

10. Name and Address of New Registered Agent

81 Name: DONNA R. SPOGNARDI
82 Street Address (P.O. Box Number is Not Acceptable): 2394 RIVER TREE CIRCLE
83
84 City: SANFORD FL 85 Zip Code 32771

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE Donna R. Spognardi 2/16/95
Signature, typed or printed name of registered agent and title if applicable DATE
NOTE: Registered Agent signature required when reinstating

12. OFFICERS AND DIRECTORS

TITLE	DPA
NAME	SPOGNARDI, MICHAEL S.
STREET ADDRESS	5396 LAKE BLUFF TERRACE
CITY-ST-ZIP	SANFORD FL 32771
TITLE	DST
NAME	SPOGNARDI, DONNA R.
STREET ADDRESS	5396 LAKE BLUFF TERRACE
CITY-ST-ZIP	SANFORD FL 32771
TITLE	~~SD~~
NAME	~~SHOENER, JULIE~~
STREET ADDRESS	~~5378 LAKE BLUFF TERRACE~~
CITY-ST-ZIP	~~SANFORD FL 32771~~
TITLE	~~T~~
NAME	~~SHOENER, STEVE~~
STREET ADDRESS	~~5378 LAKE BLUFF TERRACE~~
CITY-ST-ZIP	~~SANFORD FL 32771~~
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	S/D/V/T	☒ Change ☐ Addition
1.2 NAME	MICHAEL S. SPOGNARDI	
1.3 STREET ADDRESS	2394 RIVER TREE CIRCLE	
1.4 CITY-ST-ZIP	SANFORD, FLORIDA 32771	
2.1 TITLE	P/D/A /T	☒ Change ☐ Addition
2.2 NAME	DONNA R. SPOGNARDI	
2.3 STREET ADDRESS	2394 RIVER TREE CIRCLE	
2.4 CITY-ST-ZIP	SANFORD, FLORIDA 32771	
3.1 TITLE		☒ Change ☐ Addition
3.2 NAME	JAY MANJI -D/T	
3.3 STREET ADDRESS	2394 RIVER TREE CIRCLE	
3.4 CITY-ST-ZIP	SANFORD, FLORIDA 32771	
4.1 TITLE		☒ Change ☐ Addition
4.2 NAME	PLEASE DROP STEVE & JULIE SHOENER	
4.3 STREET ADDRESS	AS SD & T FROM RIDGEWOOD ACRES	
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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)(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: Michael S. Spognardi Feb 16, 1995 407 323-4484
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone

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