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Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # N27021 (7)

1. Corporation Name
RIDGEWOOD ACRES HOMEOWNERS' ASSOCIATION, INC.

Principal Place of Business	Mailing Address
2394 RIVER TREE CIRCLE SANFORD FL 32771 US	2394 RIVER TREE CIRCLE SANFORD FL 32771-8330 US

3. Date Incorporated or Qualified: 06/20/1988
3a. Date of Last Report: 04/24/1996

2. Principal Place of Business	2a. Mailing Address
21 439 Ridge Forest Court	26 439 Ridge Forest Court
Suite, Apt. #, etc. 22 "Lake Forest"	Suite, Apt. #, etc. 27 "Lake Forest"
City & State 23 Lake Forest	City & State 28 Florida 32771
Zip 24 32771	Zip 29 32771
Country 25 Seminole	Country 30 Seminole

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

8. This corporation has liability for intangible tax under s. 199.032 Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

SPOGNARDI, DONNA R.
2394 RIVER TREE CIRCLE
SANFORD FL 32771

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 Michael S. Spognardi
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	DPA	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	SPOGNARDI, MICHAEL S.		1.2 NAME		
STREET ADDRESS	5396 LAKE BLUFF TERRACE		1.3 STREET ADDRESS		
CITY-ST-ZIP	SANFORD FL 32771		1.4 CITY-ST-ZIP		
TITLE	DST	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	SPOGNARDI, DONNA R.		2.2 NAME		
STREET ADDRESS	5396 LAKE BLUFF TERRACE		2.3 STREET ADDRESS		
CITY-ST-ZIP	SANFORD FL 32771		2.4 CITY-ST-ZIP		
TITLE	DT	☑ DELETE	3.1 TITLE		☐ Change ☑ Addition
NAME	MANJI, JAY		3.2 NAME		
STREET ADDRESS	2394 RIVER TREE CIRCLE		3.3 STREET ADDRESS		
CITY-ST-ZIP	SANFORD FL		3.4 CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE	DIT	☐ Change ☑ Addition
NAME			4.2 NAME	Betty Rubrecht	
STREET ADDRESS			4.3 STREET ADDRESS	439 Ridge Forest Ct.	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	Lake Forest, Fla 32771	
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (9/96)

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: Michael S. Spognardi 5/13/97 941-322-5513