

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 20, 1999 8:00 am
Secretary of State

04-20-1999 90232 009 ****70.00

DOCUMENT # N27021

1. Corporation Name

RIDGEWOOD ACRES HOMEOWNERS' ASSOCIATION, INC.

Principal Place of Business

439 RIDGE FOREST COURT
LAKE FOREST
LAKE FOREST FL 32771
US

Mailing Address

439 RIDGE FOREST COURT
LAKE FOREST
LAKE FOREST FL 32771
US

3 6 5 9 4 0 - 9 0 2 3 2 - 9



2. Principal Place of Business

21 **3665 S. ORLANDO DR.**

2a. Mailing Address

26 **3665 S. ORLANDO DR.**

3. Date Incorporated or Qualified

06/20/1988

Suite, Apt. #, etc.

22 **SUITE 146**

Suite, Apt. #, etc.

27 **SUITE # 146**

4. FEI Number

59-2952929

Applied For

Not Applicable

City & State

23 **SANFORD FL**

City & State

28 **SANFORD FLORIDA**

5. Certificate of Status Desired ☒

\$8.75 Additional
Fee Required

Zip

24 **32773**

Country

25 **SEMINOLE**

Zip

29 **32773**

Country

30 **SEMINOLE**

6. Election Campaign Financing

Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

SPOGNARDI, DONNA R.
439 RIDGE FOREST COURT
LAKE FOREST FL 32771

10. Name and Address of New Registered Agent

81 Name **NIKOLIC, ALEKSANDAR**

82 Street Address (P.O. Box Number is Not Acceptable)
3665 S. ORLANDO DR SUITE 146

83

84 City **SANFORD** FL 85 Zip Code **32773**

11. Pursuant to the provisions of Sections 617.0503 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]
Signature, typed or printed name of registered agent and title if applicable

NIKOLIC, ALEKSANDAR

3/01/99

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **DPA** ☒ DELETE
NAME **SPOGNARDI, MICHAEL S.**
STREET ADDRESS **439 RIDGE FOREST COURT**
CITY-ST-ZIP **LAKE FOREST FL 32771**

TITLE **DST** ☒ DELETE
NAME **SPOGNARDI, DONNA R.**
STREET ADDRESS **439 RIDGE FOREST COURT**
CITY-ST-ZIP **LAKE FOREST FL 32771**

TITLE **DT** ☒ DELETE
NAME **MANJI, JAY**
STREET ADDRESS **439 RIDGE FOREST COURT**
CITY-ST-ZIP **LAKE FOREST FL 32774**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **DPA** ☐ Change ☒ Addition
1.2 NAME **NIKOLIC, ALEKSANDAR**
1.3 STREET ADDRESS **3665 S. ORLANDO DR SUITE 146**
1.4 CITY-ST-ZIP **SANFORD FL 32773**

2.1 TITLE **DST** ☐ Change ☒ Addition
2.2 NAME **SINISA, NIKOLIC**
2.3 STREET ADDRESS **3665 S. ORLANDO DR. SUITE 146**
2.4 CITY-ST-ZIP **SANFORD FL 32773**

3.1 TITLE **DT** ☐ Change ☒ Addition
3.2 NAME **SPOGNARDI, MICHAEL S.**
3.3 STREET ADDRESS **439 RIDGE FOREST COURT**
3.4 CITY-ST-ZIP **LAKE FOREST FL 32771**

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
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 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: *[Signature]* **3/01/99**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE (107) 223-6460 Daytime Phone #

CR2E037_ (11/98)

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