				- -			
SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996. MOUNT DUE ON OR BEFORE 8/1/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)							
	VPROFIT (FLORIDA DEPARTMEI		r-w			
CORP	PORATION	Sandra B. Mo					
	ANNUAL REPORT Secretary of State						
1	996	DIVISION OF CORF	ORATIONS				
DOCUMENT # N30333 (1)							
	RIDGE HOMEOWNERS ASS	SOCIATION, INC.					
Principal Place	of Duginous	Mailing Address			0 774 710 1 815		
- · · · - / - · · ·	ANAGEMENT SERVICES	C/O FLORIDA MANAGEMENT	SERVICES				
401-CENTRAL	BLVD BUITE 220	PO BOX 73 ORALNDO FL 32802					
ORLANDO FL	Xorx	ONALINDO FL SZOCE		3. Date Incorporated or Qualified 01/25/1989	3a. Date of Last Report 02/07/1995		
6 Dringing Dig	on of Business	2a. Mailing Address			Applied For		
2. Principal Pla	ICE OI DUSIIIESS	26 26		4. FEI Number 43-1245518	Not Applicable		
Suite, Apt. #	Bradshaw Terrace	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required		
City & State	Draw Shaw I Grace	City & State		6. Election Campaign Financing	\$5.00 May Be		
23	Constru	28	Country	Trust Fund Contribution	Added to Fees		
Zip 24	Country 25	Zip 30	Country	This corporation has liability for Florida Statutes	Yes No		
	9. Name and Address of Current		B1 Neme	10. Name and Address of New Re			
RUIT			111-10	orida Managemer	1+ Services		
	ORIDA MANAGEMENT SERVICES	}	62 Street A	ddress (P.O. Box Nymber is No Acceptable Control of Show Text	ace		
	CENTRAL BLVD., STE 220		83				
URISANI	DO FE-32801		84 Cily	lando	FL 32802		
11. Pursuant to	the provisions of Sections 617.0502	and 617.1508, Florida Statutes, th	ne above named o	orporation submits this statement for the privation's board of directors. I hereby accept			
office or re agent. I an	gistered agent, or both, in the State of n familiar with, and accept the obligati	ions of, Section 617.0503, Florida	rized by the corpo Statutes.	ration's board of directors, thereby accept	, ,		
SIGNATURE	Signature, typed or printed name of registred agent	and title if applicable (NOTE: Rep	pistered Agent signature	required when reinstating)	7/16/96		
12.	OFFICERS AND	DIRECTORS	13.	ADDITIONS/CHANGES TO OFFI	CERS AND DIRECTORS IN 12		
TITLE J NAME	OVP	DELETE	1.1 TITLE 1.2 NAME	Kicer Rill	CERS AND DIRECTORS IN 12 (Second Printings Addition 2) (Second Printings Addition 2)		
STREET ADDRESS	14100 CYPRESS LEAF DR		1.3 STREET ADDRESS	Kiser, Bill 1333 Silverthorn Dr.	E03		
CITY-ST-ZIF	ORLANDO FL	Is letterere	1.4 CITY-ST-ZIP	Orlando, FL 3282	5 Change Addition		
TITLE NAME	JORNSON, ANTHONY	₩ DELETE	2.1 TITLE 2.2 NAME		Onlings Addition		
STREET ADDRESS	11180 CYPRESS LEAF DR		2.3 STREET ADDRESS				
CITY-ST-ZIP	-ORLANDO FL	L Moretr	2.4 CITY - ST-ZIP		Change L Addition		
TITLE NAME	DEVORE, DAMD	DELETE	3.1 TITLE 3.2 NAME	TD Eonta, Bob			
STREET ADDRESS	11132 CYPRESS LEAF DR		3.3 STREET ADDRESS	1227 Golden Club Cou	rt		
CITY-ST-ZIP	- ORLANDO FL	DELETE	3.4. CITY - ST - ZIP 4.1 TITLE	Orlando, FL 32825	> Lithange Addition		
TITLE NAME	BEAGEAL, QUENTIN	FIII OFFERE	4.1 TILLE 4.2 NAME	Begeal, Quentin			
STREET ADDRESS	11128 CYPRESS LEAF DR		43 STREET ADDRESS	2090011 4 0	1		
CITY-ST-ZIP	ORLANDO FL 32825	DELETE	4.4 CITY - ST - ZIP 5.1 TITLE	SD	Addition		
TITLE NAME	COMER, MARK	b¢cc.c	5.2 NAME		りろう		
STREET ADDRESS	11232 CYPRESS LEAF DR		5.3 STREET ADDRESS	-	12625		
CITY-\$1-ZIP	ORLANDO FL	DELETE	5.4 CITY - ST - ZIP 6.1 TITLE	D 8000019C	Addition Addition		
TITLE NAME	CURRY, TYLER	[_] becare	62 NAME	-07/24/96010	09019		
STREET ADORESS	1224 GOLDEN CLUB CT		6.3 STREET ADDRESS	***61.25			
CITY-ST-ZIP	ORLANDO FL	with this filing is voluntarily furnis	6.4 CITY - ST - ZIP hed and does not	qualify for the exemption stated in Section	119 07(3)(k). Florida Statutes, I		
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)(k), 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 trugtee empowered to execute this report as required by Chapter 617, Florida Statutes; and							
that my name appears in Block 12 palock 13 if changes, or on ap a grachment with an orderess.							
SIGNATURE: 7/16/96 381-0786							
I	SIGNATURE AND TYPED OR	PRINTED NAME OF BIGNING OFFICER OR I	JIMECTOR	- Date	Dayon to FILM to #		

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUN 1. Corporation	MENT # N3033	3 (1)						
STURE	BRIDGE HOMEOWNERS AS	SOCIATION, INC			Account Sound of the London	lat Brüst ürütt ütürk üsük			
Discission Disc	-10								
Principal Place	of Business	Mailing Address					. 6:6*/ 6:6*/ 105/		
% FLORIDA MANAGEMENT SERVICES C/O FLORIDA MANAGEMEN 431 CENTRAL BLYD SUITE 220 PO BOX 73 ORLANDO FL 32802 ORALNDO FL 32802				RVICES					
			·-·		3. Date Incorporated or Qualified 01/25/1989	3a. Date of Last 02/07/1			
Principal Place of Business The Principal Place of Business		2a. Mailing Address		4. FÉI Number 43-1245518					
Suite, Apt. (#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired [T	Additional Required			
Crty & State	}	City & State		6. Election Campaign Financing	\$5.04	D May Be			
23		28			Trust Fund Contribution		of to Fees		
Zip	Country	Zip	Cou	ntry	8. This corporation has liability for intar	8. This corporation has liability for intangible tax under s. 199			
24	25	29	30			Yes No			
	9. Name and Address of Current	Registered Agent		81 Name	10. Name and Address of New Regis	stered Agent			
				81 Name					
	, NEIL, J			82 Street	Address (P.O. Box Number is Not Acceptable)				
C/O FLORIDA MANAGEMENT SERVICES				83					
	CENTRAL BLVD., STE 220			0.5					
UKLAN	D& FL 32801			84 City		FL 85 Žip	Code		
11. Pursuant t	o the provisions of Sections 617 0502	and 617 1508 Florida	Statutes the above	e-named co	ornoration submits this statement for the purpose		ogistored office		
or register	ed agent, of both, in the State of Florida	a. Such change was a	thorized by the c	orporation's	orporation submits this statement for the purpos s board of directors. I hereby accept the appointr	nent as registered	agent. Lam		
	in, and accept the voligations or, section	on 617.0503, Florida S	altres.			E1.10			
SIGNATURE /	Signature, typed or printed name accounted again a	and title 4 application	(NOTE Registered	Agent signature r	regimed when renstating	DATE AT	?		
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFICE	RS AND DIRECTO	RS IN 12		
TITLE	DVP //	DELE.	Έ 11 ΤΕΤ	LE	17/55	Change	☐ Addition		
NAME	BEAMAN! TIM		1.2 NA	ME	MARY BRENTS				
STREET ADDRESS	1 1100 CYPRESS LEAF DR		1.3 \$T	REET ADDRESS					
CITY - ST - ZIP	ORLANDO FL	- Corur		Y-ST-ZIP	Orland, Fl. 32825				
TITLE	DP	☐ DELE			DANA	⊠ Change	☐ Addition		
NAME	JOHNSON, ANTHONY		2.2 NA		BILL KISOr				
STREET ADDRESS	11180 CYPRESS LEAF DR			RÉET ADDRESS	Tambo O'LVET THE CAD THE				
CITY-ST-ZIP TITLE	ORLANDO FL D	□ DELE:		TY-ST-ZIP	ORLANDOS FL 32825	Change	Addition		
NAME	DEVORE, DAVID	بالمدد	32 NA		MARK COMER	M commission	7,410,410,11		
STREET ADDRESS	11132 CYPRESS LEAF DR			REET ADDRESS	11232 CYPRESS LEAF D	r.			
CHTY - ST - ZIP	ORLANDO FL			TY-ST-ZIP	DRIANDS, FL 3288				
TITLE	TD	DELE			DIT	Change	☐ Addition		
NAME	BEAGEAL, QUENTIN		4 2 N	AME	BOD EONTA	•			
STREET ADDRESS	11128 CYPRESS LEAF-DR		43 ST	REET ADDRESS	1927-GOLDEN CLUB C	f .			
CITY-ST-ZIP	ORLANDO FL 32825			Y-ST-ZIP	DELANDO, FL 32835	د			
TITLE	COME	DELE	E 51111	LE	D	Change	☐ Addition		
NAME	COMER, MARK		5 2 NA	ME	TYLER LURRY	•			
STREET ADDRESS	11232 CYPRESS LEAF DR		5381	REET ADDRESS	1934 COLDED CIUB C				
CITY-ST-ZIP	ORLANDO FL	C)pere		Y-ST-ZIP	OPLANCO, FL 3282	5 			
TITLE	SD CURRY TUES	DELE			D	🔀 Change	Addition Addition		
NAME	CURRY, TYLER		6 2 NA		QUENTIN BELEAL	*.~			
STREET ADDRESS	1224 GOLDEN CLUB OT		6351	REET ADDRESS	MAS- CYPRESSLEAD	E Do			

CITY-ST-ZIP ORLANDO-FL

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)(k), 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.

SIG		T ()	oc.	
2011.2	NA		HE:	

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytin'e Phone #

Date:

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