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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT **1995**

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

DOCUMENT # **N45535** **(4)**

1. Corporation Name

PALMETTO RIDGE HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
801 12TH AVENUE SOUTH 4TH FLOOR NAPLES FL 33940	801 12TH AVENUE SOUTH 4TH FLOOR NAPLES FL 33940

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/08/1991
3a. Date of Last Report: 05/10/1994
4. FEI Number: 65-0402594 ☐ 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	2a. Mailing Address
21 506 - 106 TH AVE. N.	26 506 - 106 TH AVE. N.
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State: NAPLES, FL.	28 City & State: NAPLES, FL.
24 Zip: 33963 25 Country	29 Zip: 33963 30 Country

9. Name and Address of Current Registered Agent

LIEBERFARB, STANLEY J.
801 12TH AVENUE SOUTH
4TH FLOOR
NAPLES FL 33940

10. Name and Address of New Registered Agent

81 Name: Stanley J. Lieberfarb
82 Street Address (P.O. Box Number is Not Acceptable): 4001 Tamiami Trail North, Suite 330
83
84 City: Naples **FL** 85 Zip Code: 33940

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: Stanley J. Lieberfarb — 4/4/95
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	D	1.1 TITLE	D ☒ Change ☐ Addition
NAME	LAGRASTA, DOMINICO	1.2 NAME	DOMENICO LAGRASTA
STREET ADDRESS	801 12TH AVENUE SOUTH	1.3 STREET ADDRESS	506 - 106TH AVE. N.
CITY-ST-ZIP	NAPLES FL	1.4 CITY-ST-ZIP	NAPLES, FL. 33963
TITLE	D	2.1 TITLE	D. ☒ Change ☐ Addition
NAME	LAGRASTA, MARIA	2.2 NAME	MARIA LA GRASTA
STREET ADDRESS	801 12TH AVENUE SOUTH	2.3 STREET ADDRESS	506 - 106 AVE. N.
CITY-ST-ZIP	NAPLES FL	2.4 CITY-ST-ZIP	NAPLES, FL. 33963
TITLE	D	3.1 TITLE	D. ☒ Change ☐ Addition
NAME	LIEBERFARB, STANLEY J.	3.2 NAME	Lieberfarb, Stanley J.
STREET ADDRESS	801 12TH AVENUE SOUTH	3.3 STREET ADDRESS	4001 Tamiami Trail North, Suite 330
CITY-ST-ZIP	NAPLES FL	3.4 CITY-ST-ZIP	Naples, FL 33940
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	600001464886
CITY-ST-ZIP		4.4 CITY-ST-ZIP	-04/26/95--01027--015
TITLE		5.1 TITLE	****130.00 ****130.00 ☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

JP 4/20

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.

SIGNATURE: Maria La Grasta — 3-27-95 — 813-577-5850
SIGNATURE AND TYPED OR PRINTED NAME OF DIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
MARIA LA GRASTA

0015648