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

APPROVED AND FILED
95 MAR 15 PM 1:40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N46720 (1)

1. Corporation Name

GENESIS COMMUNITIES OF RIDGEWOOD HOME OWNER'S AS SOCIATION, INC.

Principal Place of Business	Mailing Address
P.O. BOX 700 ELLENTON FL 34222	7019 DATE PALM LANE ELLENTON FL 34222 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 01/07/1992	3a. Date of Last Report: 03/07/1994
4. FEI Number: 65-0301554	☐ 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	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

9. Name and Address of Current Registered Agent

HARVEY, WILLIAM H
7019 DATE PALM LANE
ELLENTON FL 34222

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 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE
Signature, typed or printed name of registered agent and title if applicable

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	11 TITLE	S	☐ Change ☒ Addition
NAME	HARVEY, WILLIAM H	12 NAME	~~Louise~~ Ogar, Louise	
STREET ADDRESS	7019 DATE PALM LANE	13 STREET ADDRESS	6711 John Ave.	
CITY-ST-ZIP	ELLENTON FL 34222	14 CITY-ST-ZIP	Ellenton FL 34222	
TITLE	VP	21 TITLE	T	☐ Change ☒ Addition
NAME	IRONS, GERI	22 NAME	Baldwin, Don	
STREET ADDRESS	6913 COCONUT GROVE CR	23 STREET ADDRESS	3008 Pinda Palm Pl	
CITY-ST-ZIP	ELLENTON FL 34222	24 CITY-ST-ZIP	Ellenton, FL 34222	
TITLE	~~S~~	31 TITLE	D	☐ Change ☒ Addition
NAME	~~BALDWIN, DON~~	32 NAME	Jenson, Dave	
STREET ADDRESS	~~3008 PINDO PALM PLACE~~	33 STREET ADDRESS	3315 woody ct.	
CITY-ST-ZIP	~~ELLENTON FL~~	34 CITY-ST-ZIP	Ellenton, FL 34222	
TITLE	~~T~~	41 TITLE	D	☐ Change ☒ Addition
NAME	~~AYBARZ, MARCIA~~	42 NAME	McRae, Leslie	
STREET ADDRESS	~~6940 COCONUT GROVE CIR~~	43 STREET ADDRESS	3008 Kiwi Pl.	
CITY-ST-ZIP	~~ELLENTON FL~~	44 CITY-ST-ZIP	Ellenton, FL 34222	
TITLE	~~D~~	51 TITLE	D	☐ Change ☒ Addition
NAME	~~HERMANN, JEAN~~	52 NAME	Wilkerson, Bill	
STREET ADDRESS	~~2005 THATCH PALM CT.~~	53 STREET ADDRESS	3011 Sabal Cr.	
CITY-ST-ZIP	~~ELLENTON FL~~	54 CITY-ST-ZIP	Ellenton, FL 34222	
TITLE	~~D~~	61 TITLE		☐ Change ☐ Addition
NAME	~~RINGER, DAN~~	62 NAME		
STREET ADDRESS	~~2014 KIWI PLACE~~	63 STREET ADDRESS		
CITY-ST-ZIP	~~ELLENTON FL~~	64 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: William H. Harvey William H. Harvey 3-11-95 (813) 722-3693
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0042660