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FILED

Jan 31 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

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 342223315 WOODY CT
ELLENTON FL 34222-4346
US3. Date Incorporated or Qualified
01/07/19923a. Date of Last Report
02/14/1996

2. Principal Place of Business

2a. Mailing Address

21

26 6830 Coconut Grove Circle

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28 ELLENTON, FL

Zip

Country

Zip

Country

24

25

29 34222

30

MANATEE

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

JENSEN, DAVID
3315 WOODY CT
ELLENTON FL 34222

81 Name MURPHY, JOHN

82 Street Address (P.O. Box Number is Not Acceptable)

6830 COCONUT GROVE CIRCLE

84 City ELLENTON

FL

85 Zip Code 34222

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

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	P	<input type="checkbox"/> DELETE
NAME	JENSEN, DAVID	
STREET ADDRESS	3315 WOODY CT	
CITY-ST-ZIP	ELLENTON FL	

1.1 TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	MURPHY, JOHN	
1.3 STREET ADDRESS	6830 COCONUT GROVE CIRCLE	
1.4 CITY-ST-ZIP	ELLENTON, FL 34222	

TITLE	VP	<input type="checkbox"/> DELETE
NAME	PICKETT, JOHN	
STREET ADDRESS	3004 SABAL CIRCLE	
CITY-ST-ZIP	ELLENTON FL	

2.1 TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	MC RAE, LESLIE	
2.3 STREET ADDRESS	3008 KIWI PLACE	
2.4 CITY-ST-ZIP	ELLENTON, FL 34222	

TITLE	T	<input type="checkbox"/> DELETE
NAME	NIGRO, MARY	
STREET ADDRESS	3004 KIWI PLACE	
CITY-ST-ZIP	ELLENTON FL	

3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		

TITLE	S	<input type="checkbox"/> DELETE
NAME	WEINMANN, MAXINE	
STREET ADDRESS	3014 SABAL CIRCLE	
CITY-ST-ZIP	ELLENTON FL	

4.1 TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	YARBRO, ROBERT	
4.3 STREET ADDRESS	2904 CITRUS COURT	
4.4 CITY-ST-ZIP	ELLENTON, FL 34222	

TITLE	D	<input type="checkbox"/> DELETE
NAME	EBERL, PHYLLIS	
STREET ADDRESS	3115 RIDGEWOOD BLVD	
CITY-ST-ZIP	ELLENTON FL	

5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		

TITLE	D-VP	<input type="checkbox"/> DELETE
NAME	MACRAE, LESLIE	
STREET ADDRESS	3008 KIWI PL	
CITY-ST-ZIP	ELLENTON FL 34222	

6.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	FLANAGAN, BUD	
6.3 STREET ADDRESS	7015 DATE PALM LANE	
6.4 CITY-ST-ZIP	ELLENTON, FL 34222	

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0062347

CR2E037 (9/96)