


FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Feb 24, 1999 8:00 am**  
**Secretary of State**

02-24-1999 90104 001 \*\*\*\*61.25

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NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N46720**

1. Corporation Name  
**GENESIS COMMUNITIES OF RIDGEWOOD HOME OWNER'S ASSOCIATION, INC.**

Principal Place of Business P.O. BOX 700 ELLENTON FL 34222	Mailing Address 6330 COCONUT GROVE CIRCLE ELLENTON FL 34222 US
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2. Principal Place of Business 21 <b>COMMUNITIES, RIDGEWOOD</b>	2a. Mailing Address 26 <b>2904 CITRUS COURT</b>	3. Date Incorporated or Qualified <b>01/07/1992</b>
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.	4. FEI Number <b>65-0301554</b>
23 City & State <b>ELLENTON FL</b>	28 City & State <b>ELLENTON FL</b>	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required
24 Zip <b>34222</b>	25 Country <b>MANATEE</b>	29 Zip <b>34222</b>
30 Country <b>MANATEE</b>	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	

9. Name and Address of Current Registered Agent

**YARBRO, ROBERT L**  
**2904 CITRUS CT**  
**ELLENTON FL 34222**

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	<b>FL</b>
83	
84 City	

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>P</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>YARBRO, ROBERT L</b>	1.2 NAME	
STREET ADDRESS	<b>2904 CITRUS CT</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>ELLENTON FL</b>	1.4 CITY-ST-ZIP	
TITLE	<b>VP</b> <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<b>1ST VP</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>PHAHLER, WILLIAM B</b>	2.2 NAME	<b>VERNON CUNDIFF</b>
STREET ADDRESS	<b>3206 WOODY CT</b>	2.3 STREET ADDRESS	<b>3017 PINDO PALM PLACE</b>
CITY-ST-ZIP	<b>ELLENTON FL</b>	2.4 CITY-ST-ZIP	<b>ELLENTON FL 34222</b>
TITLE	<b>T</b> <input type="checkbox"/> DELETE	3.1 TITLE	<b>2ND VP</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>NIGRO, MARY</b>	3.2 NAME	<b>ELIZABETH HEBBEN</b>
STREET ADDRESS	<b>3004 KIWI PLACE</b>	3.3 STREET ADDRESS	<b>6831 COCONUT GROVE CIRCLE</b>
CITY-ST-ZIP	<b>ELLENTON FL</b>	3.4 CITY-ST-ZIP	<b>ELLENTON FL 34222</b>
TITLE	<b>S</b> <input type="checkbox"/> DELETE	4.1 TITLE	<b>D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>MOENCH, CARMEN</b>	4.2 NAME	<b>DONALD PORTER</b>
STREET ADDRESS	<b>6877 COCONUT GROVE CIR</b>	4.3 STREET ADDRESS	<b>6812 COCONUT GROVE CIRCLE</b>
CITY-ST-ZIP	<b>ELLENTON FL</b>	4.4 CITY-ST-ZIP	<b>ELLENTON FL 34222</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>COLBOW, MARY LOU</b>	5.2 NAME	
STREET ADDRESS	<b>3016 SABAL CIR</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>ELLENTON FL</b>	5.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>FLANAGAN, BUD</b>	6.2 NAME	
STREET ADDRESS	<b>7015 DATE PALM LANE</b>	6.3 STREET ADDRESS	
CITY-ST-ZIP	<b>ELLENTON FL</b>	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: Mary Nigro SIGNATURE REQUIRED MARY NIGRO 14 JANUARY 1999 941/722-3004  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)