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# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**
**Jun 21, 2001 8:00 am**
**Secretary of State**
05-22-2001 90059 035 ****61.25

DOCUMENT # N46720

1. Entity Name

Genesis Communities of Ridgewood Home Owners (LP)

Principal Place of Business / Mailing Address

GENESIS COMMUNITIES of RIDGEWOOD HOMEOWNERS ASSOCIATION

2. Principal Place of Business — Suite, Apt. #, etc. / City & State / Zip / Country

3. Mailing Address — P.O. Box 54 — Suite, Apt. #, etc. / City & State: ELLENTON, FL / Zip: 34222 / Country: USA

8320

[redacted]

DO NOT WRITE IN THIS SPACE

4. FEI Number: 650301554 ☐ Applied For ☐ Not Applicable

8. Certificate of Status Desired ☐ $8.75 Additional Fee Required

5. Name and Address of Current Registered Agent

VERN CUNDIFF
3017 - PINDO PALM PL
ELLENTON, FL 34222

7. Name and Address of New Registered Agent

Name: KATHRYN ECKERT
Street Address (P.O. Box Number is Not Acceptable): 6833 Coconut Grove Circle
City: ELLENTON FL Zip Code: 34222

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE: X Kathryn V. Eckert V.P. 5/10/01
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) Date

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | |
|---|---|---|---|
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | PRESIDENT<br>HECTOR SORON<br>7033 DATE PALM LANE<br>ELLENTON, FL 34222 ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | DIRECTOR<br>BETTY FRAMBES<br>3416 Woody Court<br>ELLENTON, FL 34222 ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | SR. VICE PRESIDENT<br>KATHY ECKERT<br>6833 - Coconut Grove Circle<br>ELLENTON, FL 34222 ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | DIRECTOR<br>AL KOBATA<br>6912 - Coconut Grove Circle<br>ELLENTON, FL 34222 ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | 2ND VICE PRESIDEN<br>MIKE GIGLIOTTI<br>3305 - LAUREN Court<br>ELLENTON FL 34222 ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | SECRETARY<br>POLLY LEONARD<br>7010 - KING PALM COURT<br>ELLENTON, FL 34222 ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | TREASURER<br>RAYNA CREATH<br>3010 SABAL Circle<br>ELLENTON, FL ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | DIRECTOR<br>DON PORTER<br>6812 - Coconut Grove Circle<br>ELLENTON, FL 34222 ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |

CRGE037 (11/00)

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Kathryn V. Eckert 5/10/01
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #