2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

Feb 21, 2005 08:00 AM DOCUMENT # N93000005758 **Secretary of State** 1. Entity Name RIDGEGATE LAND CONDOMINIUM ASSOCIATION, INC. Mailing Address Principal Place of Business 2201 CANTU COURT STE 104 2201 CANTU COURT SARASOTA FL 34232 SARASOTA FL 34232 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt #, etc. CR2E037 (10/04) 1st MOORE City & State 4. FEI Number Applied For City & State 65-0454986 Not Applicable Country \$8.75 Additional Zip Country 5. Certificate of Status Desired П Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent FRED M. STALING INC. Street Address (P.O. Box Number is Not Acceptable) 2201 CANTU COURT **STE 104** SARASOTA FL 34232 Zip Cade 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) DATE FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Make Check Payable to **\$5.00** May Be Due By May 1, 2005 Trust Fund Contribution. Added to Fees Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. Addition TITLE Change TITLE ☐ Delete U00000237781 STARLING, FRED M NAME 02/21/05-80071-005 61.25 2201 CANTU CT STE 104 STREET ADDRESS STREET ADDRESS SARASOTA FL 34232 CITY-ST-ZP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete FITLE BLACK, IAN NAME NAME 2 N. TAMIAMI TRL, SUITE 710 STREET ADDRESS STREET ADDRESS SARASOTA FL 34236 CHY-ST-ZIP CITY - ST-ZIP ☐ Change ☐ Addition THE TITLE ☐ Delete CARLE, KENNETH NAME NAME 5664 BEE RIDGE RD., SUITE 100 STREET AGORESS STREET ADDRESS SARASOTA FL 34233 CHTY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CHY-ST-ZIP CITY-ST-ZIP Change ☐ Addition MLE Delete THEF NAME NAME STREET ADDRESS STREET ADDRESS CLTY-ST-ZIP CITY ST ZIP Change ■ Addition WILE Delete NAME NAME STREET ADDRESS. STREET ADDRESS CITY-ST-ZIP DITY-ST-ZIP 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.

FILED

SIGNATURE: Fred M. Starling 02/10/05 941-378-3811

SIGNATURE and Typed Or Printed Name of Signing Officer on Director Date Date Destination and Destinat