

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 20, 2006 08:00 AM
Secretary of State

DOCUMENT # N93000005758

1. Entity Name
RIDGEGATE LAND CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business
**2201 CANTU COURT
STE 104
SARASOTA, FL 34232**

Mailing Address
**2201 CANTU COURT
STE 104
SARASOTA, FL 34232**



01202006 No Chg-NP CRZE037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0454986

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**FRED M. STALING INC.
2201 CANTU COURT
STE 104
SARASOTA, FL 34232**

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IN THIS SPACE**

6. 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 reappointing) DATE _____

**Filing Fee is \$61.25
Due by May 1, 2006**

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

1100000475307
04/05/06-80010-010 61.25

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD STARLING, FRED M 2201 CANTU CT STE 104 SARASOTA, FL 34232
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD BLACK, IAN 2 N. TAMiami TrL, SUITE 710 SARASOTA, FL 34236
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST CARLE, KENNETH 5664 BEE RIDGE RD., SUITE 100 SARASOTA, FL 34233
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FRED M STALING 3/14/06 941-578-3811