FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT #

N93000005818 (0)

| 1. Corporation | on Name NG RIDGE II HOMEOWNER | s association, inc. | | F HARPHAN AND NAIMA HIPH AND IN ANGIN AND | | |
|---|--|--|----------------------------------|---|--|--|
| Principal Place of Business Mailing Address | | | | | | |
| 1688 W. HIBISCUS BLVD. MELBOURNE FL 32901 MELBOURNE FL 32901 | | | | 3. Date Incorporated or Qualified | | |
| MELBOURNE FL 32901 MELBOURNE FL 32901 US | | | | 12/30/1993 | | |
| | | | | 4. FEI Number | Applied For | |
| 9 Orlandad (| Diagonal Divisions | 1.00 14-15-4-11 | | 59-3155046 | Not Applicable | |
| 2. Principal Place of Business | | 28. Mailing Address | | 5. Certificate of Status Desired | S8.75 Additional | |
| 21 PO B | o <u>x_362311</u> | 26 PO Box 36231 Suite, Apt. #, etc. | 1 | | Fee Required | |
| 22 | | | | 6. Election Campalgn Financing Trust Fund Contribution | \$5.00 May Be Added to Fees | |
| City & State | | City & State | | | 7. Is this nonprofit corporation a homeowners association? | |
| 23 Melbourne, FL | | 28 Melhourne FI | | | Yes No | |
| Zip | Country | Zip Melbourne, | FL Country | 8. This corporation owes or has paid | | |
| 32936 | 2311 26 Brevard | 29 32936-2311 | 30 Brevard | Personal Property Tax due June 3 | 0. ☐ Yes ☐ No | |
| J2730 | 9. Name and Address of Currer | nt Registered Agent | | 10. Name and Address of New Regi | stered Agent | |
| Name Donnia Toods | | | | | | |
| EVANS, HUGH M JR. | | | 82 Street | Dennis Lecik 82 Street Address (P.O. Box Number is Not Acceptable) | | |
| 1888 W. HIBISCUS BLVD. | | | | 22 2409 Wolf Creek Drive | | |
| MELBOURNE FL 32901 | | | 83 2409 | 83 2409 | | |
| | | | 64 City | | les Zin Codo | |
| | | | Me1 | bourne | FL 85 Zip Code | |
| 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. | | | | | | |
| agent. I a | am familiar with, and accept the obligi | ations of, Section 617.0503, Fi | orida Statujes. | poration's board of directors. I hereby accept | the appointment as registered | |
| SIGNATURE | Dennis M. LECIK | Treasurer | Hours he | Deril 3/5/98 | | |
| | Signature, typed or printed name of registered age | | E: Registered Agent signature | | DATE | |
| 12. | OFFICERS AN | | 13. | ADDITIONS/CHANGES TO OFFICE | | |
| TITLE | DP | DELETË X | 1.1 TITLE P /D | | Change Addition | |
| NAME | EVANS, HUGH M JR. | | ^{12 NAME} Dona | ld Liming | | |
| STREET ADDRESS | 1688 W. HIBISCUS BLVD. | | 1.3 STREET ADDRESS | 2012 Sierra St. | | |
| CITY-ST-ZIP | MELBOURNE FL | T pereze | 1.4 CHY-ST-ZiP | l | | |
| TITLE | DV | DELETE | | Melbourne, FL 32935 Cheryl Carter | Change Addition | |
| NAME | SWANDA, LAURIE | | 2.2 NAME | | | |
| STREET ADDRESS | 1688 W.HIBISCUS BLVD. | | 2.3 STREET ADDRESS | 2001 Sierra St. | į | |
| CITY-ST-ZIP TITLE | MELBOURNE FL. | Decem | 2. 4 CITY-ST-ZIP | Melhourne, FL 32935 | | |
| NAME | • | X DELETE | 3.1 TITLE T/D | | Change Addition | |
| STREET ADDRESS | HOWELL, KATHLEEN 1888 W. HIBISCUS BLVD. | | | Dennis Lecik | | |
| | MELBOURNE FL | | 3.3 STREET ADDRESS | 2409 Wolf Creek Drive | | |
| CITY-ST-ZIP TITLE | S S | DELETE | 3.4. CITY-ST-ZIP | Melbourne, FL 32935 | Change Addition | |
| NAME | EVANS, ARTHUR F III | X | 4.1 TITLE S 4.2 NAME | | Change Addition | |
| STREET ADDRESS | 1688 W. HIBISCUS BLVD. | | 4. E IVINIC | Sonja L. Madsen | | |
| | MELBOURNE FL | | 4.3 STREET ADDRESS | 2082 Lansing St. | | |
| CITY-ST-ZIP TITLE | MECOOTING TE | DELETE | 4.4 City - ST - ZIP 5.1 TITLE | Melbourne, FL 32935 | ☐ Change ☐ Addition | |
| NAME | | La vectio | 5.2 NAME | | Change Dynagon | |
| STREET ADDRESS | | | 5.3 STREET ADDRESS | | | |
| CITY-ST-ZIP | | | 5.4 CITY-ST-ZIP | | | |
| TITLE | | DELETE | 6.1 TITLE | | ☐ Change ☐ Addition | |
| NAME | | <u> </u> | 6.2 NAME | | - average - vocation | |
| STREET ADDRESS | | | 6.3 STREET ADDRESS | | | |
| CITY-ST-ZIP | | | 6.4 CITY - ST - ZIP | | | |

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 or on an attachment with an address.

FILED

Mar 05 1998 8:00am

Secretary of State