2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

DOCUMENT # N94000004078

1. Entity Name
RIDGEGATE MEDICAL CENTER CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
2201 CANTU CT SUITE 104 SARASOTA, FL 34232	2201 CANTU CT SUITE 104 SARASOTA, FL 34232

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01202006 No Chg-NP CR2E037 (11/05)

4. FEI Number
65-0554457

☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

STARLING, FRED M
2201 CANTU COURT
SUITE 200
SARASOTA, FL 34232

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

Filing Fee is $61.25
Due by May 1, 2006

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

000000475306
04/05/06-80010-003 61.25

10. OFFICERS AND DIRECTORS

TITLE	VP/D
NAME	STARLING, FRED M
STREET ADDRESS	2201 CANTU CT STE 104
CITY-ST-ZIP	SARASOTA, FL 34232
TITLE	PD
NAME	CARLE, KENNETH D
STREET ADDRESS	5664 BEE RIDGE RD., SUITE 100
CITY-ST-ZIP	SARASOTA, FL 34233
TITLE	SD
NAME	EVANS, MICHAEL
STREET ADDRESS	5664 BEE RIDGE RD., STE 201
CITY-ST-ZIP	SARASOTA, FL 34233
TITLE	TD
NAME	BATEYKO, ROBERT
STREET ADDRESS	5664 BEE RIDGE RD STE 101
CITY-ST-ZIP	SARASOTA, FL 34233
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: _____ FRED M STARLING 3/14/06 941-378-3911
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #