
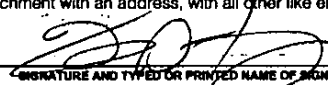


**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 07, 2007 08:00 AM
Secretary of State

DOCUMENT # N94000004078		
1. Entity Name RIDGEGATE MEDICAL CENTER CONDOMINIUM ASSOCIATION, INC.		
Principal Place of Business 2201 CANTU CT SUITE 104 SARASOTA, FL 34232		Mailing Address 2201 CANTU CT SUITE 104 SARASOTA, FL 34232
DO NOT WRITE IN THIS SPACE		
		01052007 No Chg-NP CR2E037 (4/06)
4. FEI Number 65-0554457		Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent		
STARLING, FRED M 2201 CANTU COURT SUITE 200 SARASOTA, FL 34232		DO NOT WRITE IN THIS SPACE
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 _____ (NOTE: Registered Agent signature required when reappointing) DATE _____		
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP/D STARLING, FRED M 2201 CANTU CT STE 104 SARASOTA, FL 34232	DO NOT WRITE IN THIS SPACE U00000625238 02/14/07-80066-025 61.25
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CARLE, KENNETH D 5664 BEE RIDGE RD., SUITE 100 SARASOTA, FL 34233	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD EVANS, MICHAEL 5664 BEE RIDGE RD., STE 201 SARASOTA, FL 34233	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD BATEYKO, ROBERT 5664 BEE RIDGE RD STE 101 SARASOTA, FL 34233	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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: 		Date: 1/10/07