## FILE NOW: FILING FEE IS \$61.25

**NONPROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## 1999 DOCUMENT # N95000004512

1. Corpora	ntion Name RIDGE GREENS HOMEOWN	iers' association,	INC.			
Principal P	Principal Place of Business Mailing Address					_
6824 SUN RIVER RD BOYNTON BEACH FL 33437 US			6824 SUN RIVER RD BOYNTON BEACH FL 33437			
2. Principa	al Place of Business	2a. Mailing Address			· <del>···</del>	3. Date Incorporated or Qualified 09/21/1995
	pt. #, etc.		Suite, Apt. #, etc.			4. FEI Number 65-0607695
City & State		City & State	City & State			5. Certificate of Status Desired \$8
Zip	Country 25	Zip 29	30	Country		6. Election Campaign Financing Trust Fund Contribution
	9. Name and Address of Cur	rent Registered Agent				10. Name and Address of New Registered Agent
				81	Name	,
1	M K ISAACSON			82	Street A	ddress (P.O. Box Number is Not Acceptable)
	MANAGEMENT COMPANY INC OWN CENTER RD STE 200			83		
BOCA RATON FL 33434				84	City	FL <sup> 85</sup>
) office	ant to the provisions of Sections 617. or registered agent, or both, in the St I am familiar with, and accept the ob	ate of Florida, Such change v	vas autho	nzed by	tne comoor	corporation submits this statement for the purpose of changariation's board of directors. I hereby accept the appointment
SIGNATUR	Signature, typed or printed name of registered	and the standards	/NOTE: Pro	internal Amer	t elonoture rec	quired when reinstating) DATE
12.		AND DIRECTORS	7>1 140YI	13.	diletti o 194	ADDITIONS/CHANGES TO OFFICERS AND DIF
TITLE	P	□ DELE	TE -	1.1 TITLE		
NAME	HOCHHEISER, BARRY			1.2 NAME	Ì	

**FILED** Mar 06, 1999 8:00 am § Secretary of State

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		- 1500 Ft 11 Otto			more of changing its r	egistered			
office or re	to the provisions of Sections 617.0502 and 61 egistered agent, or both, in the State of Florida m familiar with, and accept the obligations of,	i. Such change was au	ithorized by the como	pration's board of directors. I hereby accept the	ne appointment as reg	istered			
SIGNATURE	Signature, typed or printed name of registered agent and title if	analiaabla (NOTE:	Projetored Ament signature to	equired when reinstation)	DATE				
12.	OFFICERS AND DIREC	··	Registered Agent signature required when reinstating)  DATE  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12						
		DELETE			Change	Addition			
TITLE	<sub>i</sub> P	□ pereie	1.1 TITLE		, o,,a.,go				
NAME	HOCHHEISER, BARRY		1.2 NAME						
STREET ADDRESS	6710 SUN RIVER ROAD		1.3 STREET ADDRESS						
CITY-ST-ZIP	BOYNTON BEACH FL 33437		1.4 CITY-ST-ZIP						
TITLE	VP	☐ DELETE	2.1 TITLE		☐ Change	☐ Addition			
NAME	KIMMET, HAROLD		2.2 NAME						
STREET ADDRESS	6521 KINGS CREEK TERACE		2.3 STREET ADORESS						
CITY+ST-Z#P	BOYNTON BEACH FL 33437		2. 4 CITY-ST-ZIP	6	<del>- \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\</del>				
TITLE	S	☐ DELETE	3.1 TITLE	7015	Change	Addition			
NAME	SAUST, LOIS		3.2 NAME	70001	/				
STREET ADDRESS	6562 KINGS CREEK TERR		3.3 STREET ADDRESS	6562 Kings Creek					
CITY-ST-ZIP	BOYNTON BEACH FL 33437		3.4. CITY-ST-ZIP	BUINTED PLY 71.	33H37				
TITLE	AT	☐ DELETE	4.1 TITLE	, , ,	☐ Change	☐ Addition			
NAME	DICARLO, ANTHONY		4, 2 NAME						
STREET ADDRESS	6873 SUN RIVER ROAD		4.3 STREET ADDRESS			•			
CITY-ST-ZIP	BOYNTON BEACH FL 33437		4.4 CITY-ST-ZIP			· \			
TITLE	D	DELETE	5.1 TITLE	11)	Change	Addition			
NAME	BASS, ARTHUR	I	5.2 NAME	Teurs Freeman	17.	<i>y</i> .			
STREET ADDRESS	6741 SUN RIVER ROAD		5.3 STREET ADDRESS	Eagles XC	ndinglikky	5-			
CITY-ST-ZIP	BOYNTON BEACH FL 33437		5.4 CITY-ST-ZIP	Prints BCL	11 (334)	<u> </u>			
TITLE	D	DELETE	6.1 TITLE	104110100	Change	☐ Addition			
NAME	SCHNELL, RICHARD		6.2 NAME						
STREET ADDRESS	6832 SUN RIVER RD		6.3 STREET ADDRESS		.•				
CITY-ST-ZIP	BOYNTON BEACH FL 33437		6.4 CITY-ST-ZIP		AL 1 1 1 1 1 1 1 1 1 1 1 - 1				
44   1   1   1   1   1   1   1   1   1		na doge not avalify for	the evemption etater	t in Section 119 07/3\(ii) Florida Statutes I fu	imper centiv that the in	irormation			

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 if changed, or on an extrachment with an address, with all other like empowered.

SIGNATURE:

Applied For Not Applicable \$8.75 Additional Fee Required \$5.00 May Be

Added to Fees

Zip Code