

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Jan 07, 2005 08:00 AM
Secretary of State**

DOCUMENT # N96000001073

1. Entity Name
RIDGE ESTATES PROPERTY OWNERS ASSOCIATION, INC.



Principal Place of Business
RIDGE ESTATES ASSOC.
7644 W. RIDGE EST. DR.
GLEN SAINT MARY, FL 32040

Mailing Address
7568 RIDGE ESTATES DR W
GLEN ST MARY, FL 32040



01042005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3006747	Applied For Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

BRACK, JOE
7729 W RIDGE ESTATES DR
GLEN SAINT MARY, FL 32040

**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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$61.25
Due by May 1, 2005

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BRACK, JOE 7729 W RIDGE ESTATES DR GLEN SAINT MARY, FL 32040
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP CONN, WAYNE 7568 W. RIDGE EST. DR GLEN SAINT MARY, FL 32040
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD AMOS, WILLIAM 15 RIDGE ESTATES GLEN SAINT MARY, FL 32040
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD HURLBURT, DAVID 36 RIDGE ESTATES GLEN SAINT MARY, FL 32040
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD CONN, DEBORAH 7568 RIDGE ESTATES DR W GLEN SAINT MARY, FL 32040
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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01/10/05-80022-019 61.25

**DO NOT WRITE
IN THIS SPACE**

12. 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 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

1-6-05

Date

904-353-3102

Daytime Phone #