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

## FILED May 02, 2005 8:00 am Secretary of State 05-02-2005 90455 032 \*\*\*\*61.25

## **DOCUMENT # N96000001428**

1. Entity Name
THE GALLERY AT RIDGEWOOD LAKES CONDOMINIUM
ASSOCIATION, INC.



700001	4110H, IIIO.		No. of the last of								
% PIONEER 6380 CYPRE	ce of Business PROPERTY MANAGEMENT, INC. ESS GARDENS BLVD. EN, FL 33884	Mailing Address % PIONEER PROPERTY MANAGEMENT, INC. 6380 CYPRESS GARDENS BLVD. WINTER HAVEN, FL 33884		ם מונה: עום ואנונה און	1114 ABIN 8810 BBIN 8810 BBIN 8818) 1	) <b>1</b> 1 <b>11 11 11 11 11 11</b>					
2. Principal F	Place of Business	3. Mailing Address									
6356	Cypress Gdns Blud	6039 Cypress Suite, Apt. #, etc.	Gdns Rlyd*	#4/6	kali 60ka 4 mili 80ka nethi 62kt (	1211 B1010 ISBN 10	stral At that				
Suite, Apt.		Suite, Apt. #, etc.	<del>-,</del>	04212005 Ch	g-NP CR2E0	37 (10/03)					
City & Stat Winter	Haven FL	City & State Winter Haven FL		4. FEI Number 59-3381342	2	<b>-</b>	optied For of Applicable				
3388	4 Country USA	Zip Country 33884 USA		5. Certificate of Status Desired S8.75 Additional Fee Required							
	6. Name and Address of Current Re	gistered Agent	7. Name and Address of New Registered Agent								
% PIONEE 6380 CYP	S, PAMELA J ER PROPERTY MANAGEMENT, RESS GARDENS BLVD. HAVEN, FL 33884	Street Address (P.D. Box Number is Not Acceptable) 6356 Cypress Screens Blud									
			City	thoren	FL	Zip Cod	£4				
8. The above	named entity submits this statement for the	e purpose of changing its reg	istered office or regist		he State of Florida. I am	familiar with,	and accept				
the obligations of registered agent.  SIGNATURE Signature, typied or printed name of registered agent and little if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE											
	Filing Fee is \$61.25 Due by May 1, 2005	9. Election Campa Trust Fund Cont		\$5.00 May Be Added to Fees	Make chec Florida Depa	k payable to					
10.	OFFICERS AND DIREC	CTORS	11.	ADDITIONS/CHANGE	S TO OFFICERS AND DI	RECTORS IN	10				
TITLE	PD	☐ Delete	TITLE D			☐ Change	Addition				
NAME	SWARTZ, JAMES E	[		ILCOLM MAC	INTYRE		<b>^</b>				
STREET ADDRESS	827 ELGRIN CIRCLE			7 EAGLE RI							
CITY-ST-ZIP	PICKERINGTON, OH 43147	·	CITY-ST-ZIP DE	VENPORT 1	<u>=                                    </u>						
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CITY-ST-ZIP	DAVENPORT, FL 33837		CITY-ST-ZIP								
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NAME	MATIENZO, RAFE	<u></u>	NAME			Change	L. Addition				
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APRIL 27, 2005 (407)325-9277
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