2002 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

Feb 21, 2002 8:00 am Secretary of State DOCUMENT # **N96000006492** THE RIDGES MAINTENANCE ASSOCIATION, INC. 02-21-2002 90152 035 ****61.25 Principal Place of Business Mailing Address GABLES PROPERTY MGMNT GABLES PROPERTY MGMNT 3300 CORPORATE AVE #110 3300 CORPORATE AVE #110 FORT LAUDERDALE FL 33331 FORT LAUDERDALE FL 33331 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0729978 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Kreiling. E Street Address (P.O. Box Number is Not Accept ZIFRONY, MATTHEW ESQ Krailing & Eichner, C/O TRIPP SCOTT P.A. 110 SE 6TH STREET, 15TH FLOOR Road Suite Zip Code FORT LAUDERDALE FL 33301 3333 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 SIGNATURE (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing Make Check Payable to **\$5.00** May Be FILE NOW: FEE IS \$61.25 Trust Fund Contribution Added to Fees **Department of State** 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TITLE □ Delete TITLE ☐ Change ☐ Addition CR2E037 (9/01 NAME WERTMAN, JEFFREY NAME STREET ADDRESS 3992 PINEWOOD LN STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Weston FL ☐ Addition ☐ Delete TITLE X Change BUCCHIERE, STEVE NAME Bucchierz, Steve NAME STREET ADDRESS 4299 BREENBRIAR LN STREET ADDRESS 4299 GREENBRIAR LANE CITY-ST-ZIP CITY-ST-7IP Weston FL 33327 WESTON FL 33327 SD ☐ Delete ☐ Change ☐ Addition TITLE TITLE Habib, Mona NAME NAME STREET ADDRESS 4307 FOX HOLLOW STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Weston FL 33327 TITLE Delete TITLE Change ■ Addition NAME STARMAN, ELLIOTT NAME STREET ADDRESS STREET ADDRESS 3640 HERON RIDGE CITY-ST-ZIP CITY-ST-ZIP Weston Fl ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME KERNESS, GREGG NAME STREET ADDRESS STREET ADDRESS 4052 PINERIDGE LN CITY-ST-ZIP CITY-ST-ZIP FORT LAUDERDALE FL 33331 TITLE ☐ Delete TITLE Change ☐ Addition SUSMAN, SUE NAME NAME STREET ADDRESS 3773 OAKRIDGE LN STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP FORT LAUDERDALE FL 33331 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

FILED