


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 20, 2006 8:00 am
Secretary of State

02-20-2006 90043 046 ****61.25

DOCUMENT # N96000006492 1. Entity Name THE RIDGES MAINTENANCE ASSOCIATION, INC.			
Principal Place of Business GABLES PROPERTY MGMNT 3300 CORPORATE AVE #110 FORT LAUDERDALE, FL 33331		Mailing Address GABLES PROPERTY MGMNT 3300 CORPORATE AVE #110 FORT LAUDERDALE, FL 33331	
2. Principal Place of Business 1405 Northpark Dr Suite, Apt. #, etc. Weston, FL		3. Mailing Address 1405 Northpark Dr Suite, Apt. #, etc. Weston, FL	
City & State 33326 USA		City & State 33326 USA	
Zip Country 33326 USA		Zip Country 33326 USA	
4. FEI Number 65-0729978		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BAKALAR & EICHNER 150 S PINE ISLAND RD STE 540 PLANTATION, FL 33324		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE PD <input type="checkbox"/> Delete NAME WERTMAN, JEFFREY STREET ADDRESS 3300 CORPORATE AVE. #110 CITY-ST-ZIP WESTON, FL 33331	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP		
TITLE VD <input type="checkbox"/> Delete NAME BUCCHIERE, STEVE STREET ADDRESS 3300 CORPORATE AVE. #110 CITY-ST-ZIP WESTON, FL 33331	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP		
TITLE SD <input type="checkbox"/> Delete NAME HABIB, MONA STREET ADDRESS 3300 CORPORATE AVE. #110 CITY-ST-ZIP WESTON, FL 33331	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP		
TITLE TD <input type="checkbox"/> Delete NAME STARMAN, ELLIOTT STREET ADDRESS 3300 CORPORATE AVE. #110 CITY-ST-ZIP WESTON, FL 33331	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP		
TITLE D <input type="checkbox"/> Delete NAME BUITRAGO, RAPHAEL STREET ADDRESS 3300 CORPORATE AVE. #110 CITY-ST-ZIP WESTON, FL 33331	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP		
TITLE D <input type="checkbox"/> Delete NAME CLEIN, STEVE STREET ADDRESS 3300 CORPORATE AVE. #110 CITY-ST-ZIP WESTON, FL 33331	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 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: <i>Jeffrey Wertman, President</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date: <i>2/15/06</i> <small>Date Daytime Phone #</small>	