


**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 26, 2007 8:00 am**  
**Secretary of State**

02-26-2007 90071 031 \*\*\*\*61.25

**DOCUMENT # N96000006492**

1. Entity Name  
**THE RIDGES MAINTENANCE ASSOCIATION, INC.**



40024344

Principal Place of Business  
**1495 NORTH PARK DR  
 WESTON, FL 33326**

Mailing Address  
**1495 NORTH PARK DR  
 WESTON, FL 33326**



2. Principal Place of Business - No P.O. Box #  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country

3. Mailing Address  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country

01082007 Chg-NP CR2E037 (12/06)

4. FEI Number  
**65-0729978**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$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 \_\_\_\_\_  
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, 2007**

9. Election Campaign Financing Trust Fund Contribution.  **\$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 NAME STREET ADDRESS CITY-ST-ZIP	PD WERTMAN, JEFFREY 3300 CORPORATE AVE. #110 WESTON, FL 33331 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1495 North Park Drive Weston FL 33326
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BUCCHIERE, STEVE 3300 CORPORATE AVE. #110 WESTON, FL 33331 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1495 North Park Drive Weston FL 33326
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD HABIB, MONA 3300 CORPORATE AVE. #110 WESTON, FL 33331 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1495 North Park Drive Weston FL 33326
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD STARMAN, ELLIOTT 3300 CORPORATE AVE. #110 WESTON, FL 33331 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1495 North Park Drive Weston FL 33326
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BUITRAGO, RAPHAEL 3300 CORPORATE AVE. #110 WESTON, FL 33331 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1495 North Park Drive Weston FL 33326
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CLEIN, STEVE 3300 CORPORATE AVE. #110 WESTON, FL 33331 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1495 North Park Drive Weston FL 33326

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: *Elliott Starman* Date: 2/22/07 Daytime Phone #: 954 683 0843

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR