

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 08, 2008 8:00 am**  
**Secretary of State**

02-08-2008 90030 024 \*\*\*\*61.25

**DOCUMENT # N96000006492**

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



Principal Place of Business  
**1495 NORTHPARK DR  
WESTON, FL 33326**

Mailing Address  
**1495 NORTHPARK DR  
WESTON, FL 33326**



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01182008 Chg-NP CR2E037 (12/06)

City & State

City & State

4. FEI Number  
**65-0729978**

Applied For  
Not Applicable

Zip

Country

Zip

Country

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, 2008**

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

TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	ORSI, RAYMOND F SR.	
STREET ADDRESS	1495 NORTHPARK DR	
CITY-ST-ZIP	WESTON, FL 33326	
TITLE	VP	<input type="checkbox"/> Delete
NAME	NAVARRO, JOSE	
STREET ADDRESS	1495 NORTHPARK DR	
CITY-ST-ZIP	WESTON, FL 33326	
TITLE	D	<input type="checkbox"/> Delete
NAME	WAGY, JACKIE	
STREET ADDRESS	1495 NORTHPARK DR	
CITY-ST-ZIP	WESTON, FL 33326	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	SMITH, MICHAEL	
STREET ADDRESS	1495 NORTHPARK DR	
CITY-ST-ZIP	WESTON, FL 33326	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	PARMENTER, DEBORAH	
STREET ADDRESS	1495 NORTHPARK DR	
CITY-ST-ZIP	WESTON, FL 33326	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	MAZZEI, EDMUND	
STREET ADDRESS	1495 NORTHPARK DR	
CITY-ST-ZIP	WESTON, FL 33326	

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Robert Goldstein	
STREET ADDRESS	1495 Northpark Drive	
CITY-ST-ZIP	Weston, FL 33326	
TITLE	Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Jose Navarro	
STREET ADDRESS	1495 Northpark Drive	
CITY-ST-ZIP	Weston, Florida 33326	
TITLE	V.P.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Jackie Wagdy	
STREET ADDRESS	1495 Northpark Drive	
CITY-ST-ZIP	Weston, Florida 33326	
TITLE	Treasurer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Eric Goldomb	
STREET ADDRESS	1495 Northpark Drive	
CITY-ST-ZIP	Weston, Florida 33326	
TITLE	Secretary	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	mona Habib	
STREET ADDRESS	1495 Northpark Drive	
CITY-ST-ZIP	Weston, Florida 33326	
TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Joni Kaveer	
STREET ADDRESS	1495 Northpark Drive	
CITY-ST-ZIP	Weston, Florida 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:** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #