

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 28, 2003 8:00 am**  
**Secretary of State**

02-28-2003 90170 001 \*\*\*\*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**

**10029450**



☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

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

**KREILING, EDWARD P ESO  
ROSAN, KREILING & EICHNER P.A.  
2500 WESTON ROAD SUITE 220  
WESTON FL 33331**

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

**FILE NOW: FEE IS \$61.25**

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          | PD                       | <input type="checkbox"/> Delete            |
| NAME           | WERTMAN, JEFFREY         |  |
| STREET ADDRESS | 3992 PINWOOD LN          |  |
| CITY-ST-ZIP    | WESTON FL                |  |
| TITLE          | VD                       | <input type="checkbox"/> Delete            |
| NAME           | BUCCHIERE, STEVE         |  |
| STREET ADDRESS | 4299 BREENBRIAR LN       |  |
| CITY-ST-ZIP    | WESTON FL 33327          |  |
| TITLE          | SD                       | <input type="checkbox"/> Delete            |
| NAME           | HABIB, MONA              |  |
| STREET ADDRESS | 4307 FOX HOLLOW          |  |
| CITY-ST-ZIP    | WESTON FL 33327          |  |
| TITLE          | TD                       | <input type="checkbox"/> Delete            |
| NAME           | STARMAN, ELLJOTT         |  |
| STREET ADDRESS | 3640 HERON RIDGE         |  |
| CITY-ST-ZIP    | WESTON FL                |  |
| TITLE          | D                        | <input type="checkbox"/> Delete            |
| NAME           | KERNESS, GREGG           |  |
| STREET ADDRESS | 4052 PINERIDGE LN        |  |
| CITY-ST-ZIP    | FORT LAUDERDALE FL 33331 |  |
| TITLE          | D                        | <input checked="" type="checkbox"/> Delete |
| NAME           | SUSMAN, SUE              |  |
| STREET ADDRESS | 3773 OAKRIDGE LN         |  |
| CITY-ST-ZIP    | FORT LAUDERDALE FL 33331 |  |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

|                |                    |  |
|----------------|--------------------|--|
| TITLE          | D                  | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           | CLEIN, STEVE       |  |
| STREET ADDRESS | 4181 Staghorn Lane |  |
| CITY-ST-ZIP    | Weston FL 33331    |  |
| TITLE          | D                  | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           | ARNOLD, ED         |  |
| STREET ADDRESS | 4430 Fox Ridge Dr. |  |
| CITY-ST-ZIP    | Weston FL 33331    |  |
| TITLE          |                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                    |  |
| STREET ADDRESS |                    |  |
| CITY-ST-ZIP    |                    |  |
| TITLE          |                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                    |  |
| STREET ADDRESS |                    |  |
| CITY-ST-ZIP    |                    |  |
| 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 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

**SIGNATURE REQUIRED**

CR2E037 (10/02)