


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 21, 2005 8:00 am
Secretary of State

01-21-2005 90051 041 ****61.25

DOCUMENT # N96000006597 1. Entity Name RIDGE GOLF COURSE SUPT. ASSOCIATION, INC.			
Principal Place of Business 190 IDLEWOOD AVE BARTOW, FL 33830 US		Mailing Address 190 IDLEWOOD AVE BARTOW, FL 33830 US	
2. Principal Place of Business 2625 Olive Ave Suite, Apt. #, etc.		3. Mailing Address 2625 Olive Ave Suite, Apt. #, etc.	
City & State Lake Wales, FL Zip 33898 Country		City & State Lake Wales, FL Zip 33898 Country	
4. FEI Number 91-1931024		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 ROBERTS, MARIE 1760 NW PINE LAKE DRIVE STUART, FL 34994		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 <u>Jim Rowland</u> ST <small>Signature, typed or printed name of registered agent and title if applicable.</small>		<u>[Signature]</u> <small>(NOTE: Registered Agent signature required when reinstating)</small>	
Filing Fee is \$61.25 Due by May 1, 2005		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			
TITLE	PD HOPKINS, MARK 190 IDLEWOOD AVE BARTOW, FL 33830	<input type="checkbox"/> Delete	
TITLE	V BARNETT, TOM 140 LAKE DAMON DRIVE BABSON PARK, FL 33827	<input type="checkbox"/> Delete	
TITLE	D BROWN, JEFF 4200 COUNTRY CLUB RD S WINTER HAVEN, FL 33881	<input type="checkbox"/> Delete	
TITLE	ST MARSHALL, CLAY 47 LAKE DAMON DRIVE AVON PARK, FL 33825	<input type="checkbox"/> Delete	
TITLE	D ROWLAND, JIM 2625 OLIVE AVE. LAKE WALES, FL 33853	<input type="checkbox"/> Delete	
TITLE	D WILSON, DAVID 4141 ASHTON CLUB DR. LAKE WALES, FL 33859	<input type="checkbox"/> Delete	
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE	PD Barnett, Tom 140 ALDO ROAD Babson Park, FL 33827	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE	V Solms, Bob 2900 Buckingham Ave Lakeland, FL 33809	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE	Same	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE	ST Rowland, Jim 2625 Olive Ave Lake Wales, FL 33898	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE	D Scamehorn, Scott 2300 N. Science Hwy Lake Wales, FL 33898	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE	Same	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <u>Jim Rowland</u> <u>1/16/05</u> <u>863-676-9515</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>			