
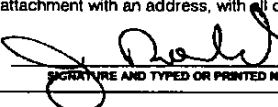


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 30, 2006 8:00 am**  
**Secretary of State**

01-30-2006 90051 034 \*\*\*\*61.25

<b>DOCUMENT # N96000006597</b> 1. Entity Name <b>RIDGE GOLF COURSE SUPT. ASSOCIATION, INC.</b>					
Principal Place of Business <b>2625 OLIVE AVE</b> <b>LAKE WALES, FL 33898 US</b>			Mailing Address <b>2625 OLIVE AVE</b> <b>LAKE WALES, FL 33898 US</b>		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		01212006 Chg-NP CR2E037 (11/05)	
4. FEI Number <b>91-1931024</b>				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>ROBERTS, MARIE</b> <b>1760 NW PINE LAKE DRIVE</b> <b>STUART, FL 34994</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>		<b>Make check payable to Florida Department of State</b>			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HOPKINS, MARK 190 IDLEWOOD AVE BARTOW, FL 33830	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Scamehorn, Scott 2300 N. scenic Hwy Lake Wales, FL. 33898
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BARNETT, TOM 140 LAKE DAMON DRIVE BABSON PARK, FL 33827	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Solms, Bob 4614 Darcin Drive Lakeland, FL. 33813
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BROWN, JEFF 4200 COUNTRY CLUB RD S WINTER HAVEN, FL 33881	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Ackett, Alan 1300 Eaglebrook Blvd Lakeland, FL 33813
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST MARSHALL, CLAY 47 LAKE DAMON DRIVE AVON PARK, FL 33825	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST ROWLAND, JIM 2625 OLIVE AVE. LAKE WALES, FL 33853	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WILSON, DAVID 4141 ASHTON CLUB DR. LAKE WALES, FL 33859	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition
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.					
<b>SIGNATURE:</b> 					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
<div style="display: flex; justify-content: space-between;"> <span>1/21/06</span> <span>863-676-3193</span> </div>					