2004 FOR PROFIT CORPORATION ANNUAL REPORT

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Apr 14, 2004 8:00 am
Secretary of State

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1. Entity Name
RIDGEWOOD PROPERTY MANAGEMENT INCORPORATED

Principal Place of Business	Mailing Address
550 HARBOR POINT, LONGBOAT KEY SARASOTA, FL 34228	550 HARBOR POINT, LONGBOAT KEY SARASOTA, FL 34228

2. Principal Place of Business	3. Mailing Address
550 HARBOR POINT ROAD	46 N. WASHINGTON BLVD.
Suite, Apt. #, etc.	Suite, Apt. #, etc. SUITE 1
City & State: LONGBOAT KEY, FL	City & State: SARASOTA FL 34236
Zip: 34228 Country:	Zip: 34236 Country:

4. FEI Number: 02-0539781 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SHEA, JOHN J
2940 SOUTH TAMIAMI TRAIL
SARASOTA, FL 34239

7. Name and Address of New Registered Agent

Name: LPS CORPORATE SERVICES, INC.
Street Address (P.O. Box Number is Not Acceptable): 46 N. WASHINGTON BLVD.
SARASOTA
City: SARASOTA FL Zip Code: 34236

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] DATE: 3/11/04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)
JOHN PATTERSON, as President

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10.	OFFICERS AND DIRECTORS		11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE	D	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	THOMAS, DAVID MICHAEL		NAME	
STREET ADDRESS	RIDGEWOOD" 5 BLUNDELL LANE PENWORTHAM		STREET ADDRESS	
CITY-ST-ZIP	PRESTON LANCS PR10EA ENGLAND,		CITY-ST-ZIP	
TITLE	D	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	THOMAS, DENISE		NAME	
STREET ADDRESS	RIDGEWOOD" 5 BLUNDELL LANE PENWORTHAM		STREET ADDRESS	
CITY-ST-ZIP	PRESTON LANCS PR10EA ENGLAND,		CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			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 607, 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] 04/09/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
DAVID MICHAEL THOMAS, Director