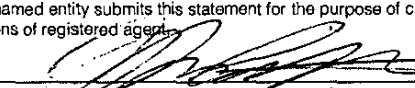
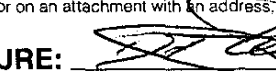


FILED
Apr 14, 2004 8:00 am
Secretary of State

24041471

DOCUMENT # P01000107006		04-14-2004 90033 030 ***150.00	
1. Entity Name RIDGEWOOD PROPERTY MANAGEMENT INCORPORATED			
Principal Place of Business 550 HARBOR POINT, LONGBOAT KEY SARASOTA, FL 34228		Mailing Address 550 HARBOR POINT, LONGBOAT KEY SARASOTA, FL 34228	
2. Principal Place of Business 550 HARBOR POINT ROAD		3. Mailing Address 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
03112004 Chg-P CR2E034 (10/03)		4. FEI Number 02-0539781	
5. Certificate of Status Desired ☐		Applied For ☐ Not Applicable	
8.75 Additional Fee Required		5. Certificate of Status Desired ☐	
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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)		DATE 3/11/04	
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 NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
D THOMAS, DAVID MICHAEL RIDGEWOOD* 5 BLUNDELL LANE PENWORTHAM PRESTON LANCS PR10EA ENGLAND, ☐ Delete		☐ Change ☐ Addition	
D THOMAS, DENISE RIDGEWOOD* 5 BLUNDELL LANE PENWORTHAM PRESTON LANCS PR10EA ENGLAND, ☐ Delete		☐ Change ☐ Addition	
☐ Delete		☐ Change ☐ Addition	
☐ Delete		☐ Change ☐ Addition	
☐ Delete		☐ Change ☐ Addition	
☐ Delete		☐ Change ☐ 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 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with an other like empowered.			
SIGNATURE:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DAVID MICHAEL THOMAS, Director		Date 04/09/04 Daytime Phone #	