## 2005 FOR PROFIT CORPORATION **ANNUAL REPORT**

## Secretary of State DOCUMENT # P01000107006 03-10-2005 90128 017 \*\*\*150.00 RIDGEWOOD PROPERTY MANAGEMENT INCORPORATED Principal Place of Business Mailing Address ruacauup 550 HARBOR POINT ROAD 46 N. WASHINGTON BLVD SARASOTA, FL 34228 SUITE 1 SARASOTA, FL 34236 2. Principal Place of Business 3. Mailing Address Suite, Apt, #, etc. Suite, Apt. #, etc. 02282005 Chg-P CR2E034 (10/03) City & State City & State 4. FEI Number Applied For 02-0539781 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent LPS CORPORATE SERVICES, INC. Street Address (P.O. Box Number is Not Acceptable) 46 N. WASHINGTON BLVD SARASOTA, FL 34236 16.4 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 DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 $\Box$ Trust Fund Contribution...... ... Added to Fees After May 1, 2005 Fee will be \$550.00 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. ☐ Change TITLE Addition TITLE ☐ Delete THOMAS, DAVID MICHAEL NAME NAME RIDGEWOOD" 5 BLUNDELL LANE PENWORTHAM STREET ADDRESS STREET ADORESS CITY-ST-ZIP PRESTON LANCS PRIOEA ENGLAND, CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition DILE THOMAS, DENISE .... NAME MAME STREET ADDRESS RIDGEWOOD" 5 BLUNDELL LANE PENWORTHAM STREET ADDRESS PRESTON LANCS PRIOEA ENGLAND, CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete TITLE Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Change Addition ☐ Delete ППЕ TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE HAME STREET AODRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition Delete TITLE TITLE 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. Munis

FILED

Mar 10, 2005 8:00 am

Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: \_