

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 15 1997 8:00am
Secretary of State

DOCUMENT # P09705

(5)

1. Corporation Name
HOTELS
RIDGEWOOD PROPERTIES, INC.
F/K/A RIDGEWOOD PROPERTIES, INC.



Principal Place of Business

2859 PACES FERRY RD. STE 700
ATLANTA GA 30339

Mailing Address

2859 PACES FERRY RD. STE 700
ATLANTA GA 30339-5712

3. Date Incorporated or Qualified

04/10/1986

3a. Date of Last Report

05/01/1996

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

4. FEI Number

58-1656330

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution



\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes



Yes



No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE

(Signature typed or printed name of registered agent and title if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE

PD

☐ DELETE

NAME

WALDEN, N. RUSSELL

STREET ADDRESS

2859 PACES FERRY RD 700

CITY - ST - ZIP

ATLANTA GA

TITLE

V

☐ DELETE

NAME

COOPER, BYRON T.

STREET ADDRESS

2859 PACES FERRY RD 700

CITY - ST - ZIP

ATLANTA GA

TITLE

SVT

☐ DELETE

NAME

HUGHES, KAREN S.

STREET ADDRESS

2859 PACES FERRY RD 700

CITY - ST - ZIP

ATLANTA GA

TITLE

D

☐ DELETE

NAME

EARLEY, MICHAEL M

STREET ADDRESS

550 WEST C STREET / 18TH FLOOR

CITY - ST - ZIP

SAN DIEGO CA

TITLE

D

☐ DELETE

NAME

HENDERSON, LUTHER A.

STREET ADDRESS

5608 MALVEY AVE, SUITE 104-A

CITY - ST - ZIP

FORT WORTH TX

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

☐ Change

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14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Karen S. Hughes Vice President

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/97

DATE

770 434 3670

DAYTIME PHONE #

0012270

CR2E034 (9/96)