

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.  
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # 893-3637  
1. Corporation Name "AMENDED"

RIDGEWOOD LAKES GOLF AND COUNTRY CLUB, INC.

Principal Place of Business Mailing Address  
101 SPANISH MOSS ROAD 101 SPANISH MOSS ROAD  
DAVENPORT, FL 33837 DAVENPORT, FL 33837

3. Date Incorporated or Qualified 01/11/93 3a. Date of Last Report 01/29/96

4. FEI Number 59-3234378 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

2. Principal Place of Business 2a. Mailing Address

21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

22 City & State 27 City & State

23 Zip Country 28 Zip Country

24 25 29 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MARK SCOTT  
101 SPANISH MOSS ROAD  
DAVENPORT, FL 33837

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

TITLE PVST  
NAME LEWO, JOE  
STREET ADDRESS 34364 GODDARD RD.  
CITY-ST-ZIP ROMULUS, MI 48174

TITLE AS  
NAME LEWO, JOE  
STREET ADDRESS 34364 GODDARD ROAD  
CITY-ST-ZIP ROMULUS, MI 48174

TITLE D  
NAME SCOTT, MARK  
STREET ADDRESS 101 SPANISH MOSS ROAD  
CITY-ST-ZIP DAVENPORT, FL 33837

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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 PS  
3.2 NAME SCOTT, MARK  
3.3 STREET ADDRESS 101 SPANISH MOSS ROAD  
3.4 CITY-ST-ZIP DAVENPORT, FL 33837

4.1 TITLE VT  
4.2 NAME LOU, GERALD E.  
4.3 STREET ADDRESS 101 SPANISH MOSS ROAD  
4.4 CITY-ST-ZIP DAVENPORT, FL 33837

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

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10/1/96 941-424-6000

CR2E034 (3/96)

FILED  
96 OCT 30 PM 12:07

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
5000 N. 950445-2  
-10/30/96--01050-019  
\*\*\*\*\*61.25 \*\*\*\*\*61.25