

3-13-95-28 2063-C  
**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

**CORPORATION  
 ANNUAL REPORT  
 1995**



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

**FILED**

95 MAR 24 AM 9:23

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

**DOCUMENT # P94000003073 (1)**

1. Corporation Name

**RICHARD HUFF, INC.**

Principal Place of Business

**4609 MAGNOLIA DR.  
 FT. PIERCE FL 34982**

Mailing Address

**4609 MAGNOLIA DR.  
 FT. PIERCE FL 34982**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**01/05/1994**

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number

**65-0464834**

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional  
 Fee Required**

6. Election Campaign Financing

☐

**\$5.00 May Be  
 Added to Fees**

8. The corporation has liability for intangible tax under S. 199.032,

Florida Statutes

☒ Yes

☐ No

9. Name and Address of Current Registered Agent

**HUFF, RICHARD  
 4609 MAGNOLIA DR.  
 FT. PIERCE FL 34982**

10. Name and Address of New Registered Agent

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 the applicant

(NOTE: Registered Agent signature required when resigning)

(LAI)

12. OFFICERS AND DIRECTORS

TITLE	<b>President</b>
NAME	<b>Richard E Huff Sr.</b>
STREET ADDRESS	<b>4609 Magnolia Dr</b>
CITY- ST- ZIP	<b>Ft Pierce FL, 34982</b>
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY- ST- ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY- ST- ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY- ST- ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY- ST- ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY- ST- ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 199.03(3)(b), 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:

*Richard E Huff Sr.*

**Richard E Huff Sr.**

1-26-95

407 465 2430

SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED OFFICER OR DIRECTOR

Date

Signature Number

Barbara J. Hall  
1966 Ocean Ridge Circle  
Vero Beach, Florida 32963

March 17, 1995

Division of Corporations  
P. O. Box 6327  
Tallahassee, Florida 32314

Attention: Cynthia Hendrixson

Re: Ocean Ridge Property Owners  
Association, Inc.  
DOCUMENT NO. 758419

300001437313  
-03/23/95--01014--001  
\*\*\*\*\*68.75 \*\*\*\*\*68.75

Dear Ms. Hendrixson:

I talked with you earlier today regarding the 1995 Corporate Annual Report which I had previously filed with your department for the above-named association. In the course of our conversation I discovered that I had marked Box 7 of the form, stating that the association was Non-profit with IRS 501(c)(3). Our association does not qualify for this tax exempt status and I am therefore requesting that the Annual Report, dated February 3, 1995, be corrected. Enclosed please find our check in the amount of \$68.75, which would represent the balance due.

Thank you very much for your assistance and cooperation in this matter.

Very truly yours,



Barbara J. Hall

Enc.