PROFIT CORPORATION ANNUAL REPORT 1999

RIDGEWOOD GARDENS, INC.

1. Corpora ion Name



DOCUMENT # P97000090473

FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED Apr 27, 1999 8:00 am Secretary of State 04-27-1999 90077 025 ***150.00

Principal Place	of Business	Mailing Address					1700	TIINNI IIN INII INNII NYIII	EBili aciil daise	JERN EDIN PIBN	(B 840 IIII 1451
3379 TYNE LN. 3379 TYNE LN. SARASOTA FL 34232 SARASOTA FL 34232							DO NOT W	RITE IN TH S	SPACE		
							3. Date Inc	orporated or Qualife	ed		
2. Principal Pl	lace of Business	2a. Mailing Address				+	4. FEI Nu r	ber		Ap	pied For
21		26					65-079)17 <u>76</u>		No	t Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.					5. Certifcat	e of Status Desired		\$8.75 A Fee Re	
City & S at	e	City & State		•				Campaign Financin	g 🗆	\$5.00 Added t	
Zip	Coun ry	Zip	Cou	ntry			8. This corp	ooration owes the co	urrent year Int	angible	
24	25	29	30			1	Persona	Property Tax.		☐Yes	[]No
	9. Name and Address of C						10. Name a	nd Address of Nev	v Registere I	Agent	
				81	Name						
	D, Steven H			82	Street	Ad tress	s (P.O. Box N	Number is Not Acce	ntable)		
	S. TAMIAMI TRL.			-	Oll Cot 7	Au 31 000	5 (1 .O. DOX 1				
SAR	ASOTA FL 34239			83							}
				84	City					85 Zip (Code
				04	City				FL	. 63 20	50.00
office or re	edistered agent or hoth in the	07.0502 and 607.1508, Florida Statute State o' Florida. Such change was au obligations of, Section 607.0505, Flori	ithonzed	DV II	-named he corpo	co pora oration's	ation submits s board of di	this statement for ti rectors. I hereby acc	he purpose of cept the appoi	changing its ntment as re	registered gistered
SIGNATURE			_								
	Signature, typed or printed nan e of registe	`		Agent	signature re	equ red wh	hen reinstating)	NS/CHANGES TO	DATE	ID DIDECTO	
12.		RS AND DIRECTORS	13. 1,1 TiT	16		<- c	ارعد محد		JELICEKS I	☐ Change	Addition
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NAME	SMITH, BARBARA S				40B0E00	1/0	$3 \sim 3 C$	orinda			
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NAME					ADDDEEC						
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14. 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 indicate 1 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 13 if changed, or on an attachment with an address, with all other like empowered. CITY-ST-ZIP

SIGNATURE: