

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

DOCUMENT # 746613 (9)

1. Corporation Name

RIDGEWOOD MOBILE HOME PARK ASSOCIATION, INC.

95 FEB 22 AM 11:06

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 04/04/1979	3a. Date of Last Report 03/18/1994
4. FEI Number 59-1971735	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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 25 Suite, Apt. #, etc. 26 City & State 27 Zip 28 Country
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9. Name and Address of Current Registered Agent

CADE, HARLAND
750 ALLAMANDA CIRCLE
VENICE FL 34292

10. Name and Address of New Registered Agent

81 Name Morton, John
82 Street Address (P.O. Box Number is Not Acceptable) 351 Ixora Circle
83 City Venice
84 State FL
85 Zip Code 34292

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

JOHN MORTON

John Morton, Secy

2-17-95

12. OFFICERS AND DIRECTORS

(NOTE: Registered Agent signature required when resigning)

TITLE PD	NAME WHITEMAN, OLIVE	STREET ADDRESS 339 JACARANDA CIRCLE	CITY-ST-ZIP VENICE FL
TITLE VD	NAME SMITH, VINCENT	STREET ADDRESS 751 IXORA CIRCLE	CITY-ST-ZIP VENICE, FL 00000
TITLE VD	NAME HAYHURST, JAMES	STREET ADDRESS 374 JACARANDA CIR	CITY-ST-ZIP VENICE, FL 00000
TITLE SD	NAME GARDNER, ALTON	STREET ADDRESS 725 JACARANDA CIR	CITY-ST-ZIP VENICE, FL 00000
TITLE TD	NAME MCBRIDE, JOHN	STREET ADDRESS 285 IXORA CIR	CITY-ST-ZIP VENICE, FL 00000
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE PD	☒ Change ☐ Addition
1.2 NAME Tucker, John	
1.3 STREET ADDRESS 375 Mandarin Place	
1.4 CITY-ST-ZIP Venice, FL 34292	☒ Change ☐ Addition
2.1 TITLE VD	
2.2 NAME Maine, William	
2.3 STREET ADDRESS 248 Jacaranda Circle	
2.4 CITY-ST-ZIP Venice, FL 34292	☐ Change ☐ Addition
3.1 TITLE VD	
3.2 NAME Hayhurst, James	
3.3 STREET ADDRESS 374 Jacaranda Circle	
3.4 CITY-ST-ZIP Venice, FL 34292	☐ Change ☐ Addition
4.1 TITLE SD	
4.2 NAME Morton, John	☒ Change ☐ Addition
4.3 STREET ADDRESS 351 Ixora Circle	
4.4 CITY-ST-ZIP Venice, FL 34292	
5.1 TITLE TD	
5.2 NAME Schulte, William	☒ Change ☐ Addition
5.3 STREET ADDRESS 246 Jacaranda Circle	
5.4 CITY-ST-ZIP Venice, FL 34292	
6.1 TITLE	☐ Change ☐ 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 110.07(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 recorder 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:

JOHN MORTON

John Morton, Secy

2-17-95 (813) 485-4089