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Mar 27 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # 746613 (9)

1. Corporation Name
RIDGEWOOD MOBILE HOME PARK ASSOCIATION, INC.



Principal Place of Business Mailing Address
449 IXORA CIRCLE VENICE FL 34292
449 IXORA CIRCLE VENICE FL 34292-2012

3. Date Incorporated or Qualified 04/04/1979
3a. Date of Last Report 02/09/1996

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 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
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
KNAPP, RAYMOND L
765 JACARANDA CIRCLE
VENICE FL 34292
10. Name and Address of New Registered Agent
81 Name David A. Bean
82 Street Address (P.O. Box Number is Not Acceptable) 838 Allamanda Circle
84 City Venice FL 85 Zip Code 34292-2008

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.
SIGNATURE David A. Bean DAVID BEAN SECRETARY 3/24/97
DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PD	<input checked="" type="checkbox"/> DELETE	1.1 TITLE P/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME TUCKER, JOHN		1.2 NAME Robert Rice	
STREET ADDRESS 375 MANDARIN PLACE		1.3 STREET ADDRESS 881 Mandarin Place	
CITY - ST - ZIP VENICE FL		1.4 CITY - ST - ZIP Venice, FL 34292	
TITLE VD	<input checked="" type="checkbox"/> DELETE	2.1 TITLE V/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME AXTON, TED		2.2 NAME Roland McKenzie	
STREET ADDRESS 811 JACARANDA CIR		2.3 STREET ADDRESS 242 Allamanda Circle	
CITY - ST - ZIP VENICE, FL 00000		2.4 CITY - ST - ZIP Venice FL 34292	
TITLE VD	<input checked="" type="checkbox"/> DELETE	3.1 TITLE V/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME CAVANAUGE, PAT		3.2 NAME William Kokensparger	
STREET ADDRESS 241 ALLAMANDA CIR		3.3 STREET ADDRESS 298 Jacaranda Circle	
CITY - ST - ZIP VENICE, FL 00000		3.4 CITY - ST - ZIP Venice, FL 34292	
TITLE SD	<input checked="" type="checkbox"/> DELETE	4.1 TITLE S/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME KNAPP, RAY		4.2 NAME David Bean	
STREET ADDRESS 765 JACARANDA CIR		4.3 STREET ADDRESS 838 Allamanda Circle	
CITY - ST - ZIP VENICE, FL 00000		4.4 CITY - ST - ZIP Venice FL 34292	
TITLE TD	<input checked="" type="checkbox"/> DELETE	5.1 TITLE T/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME RICE, BARBARA		5.2 NAME Vincent Smith	
STREET ADDRESS 881 MANDARIN PLACE		5.3 STREET ADDRESS 751 Ixora Circle	
CITY - ST - ZIP VENICE, FL 00000		5.4 CITY - ST - ZIP Venice FL 34292	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE Purchasing Agent/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		6.2 NAME Harland Cade	
STREET ADDRESS		6.3 STREET ADDRESS 750 Allamanda Circle	
CITY - ST - ZIP		6.4 CITY - ST - ZIP Venice FL 34292	

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: David A. Bean David Bean 3/4/97 (941) 484-3606
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0004593

CR2E037 (9/96)