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**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 746613

1. Corporation Name

RIDGEWOOD MOBILE HOME PARK ASSOCIATION, INC.

Principal Place of Business

449 IXORA CIRCLE
VENICE FL 34292

Mailing Address

449 IXORA CIRCLE
VENICE FL 34292



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		04/04/1979	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Zip		59-1971735	
24 Country		29 Country		30	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
HAWKE, MARYBELLE 853 ALLAMANDA CIR VENICE FL 34292				81 Name	
				82 Street Address (P.O. Box Number is Not Acceptable)	
				83	
				84 City	
				85 Zip Code	
FL					
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					
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE					
12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BEAN, DAVID		1.2 NAME		
STREET ADDRESS	838 ALLAMANDA CIR		1.3 STREET ADDRESS		
CITY-ST-ZIP	VENICE FL		1.4 CITY-ST-ZIP		
TITLE	VD	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	TUCKER, JOHN		2.2 NAME		
STREET ADDRESS	375 MANDARIN PL		2.3 STREET ADDRESS		
CITY-ST-ZIP	VENICE, FL 00000		2.4 CITY-ST-ZIP		
TITLE	VD	<input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	HUBBLING, LUELLA		3.2 NAME	VD WILLIAM COBB	
STREET ADDRESS	869 JACARANDA CIR		3.3 STREET ADDRESS	34T ALLAMANDA CIR	
CITY-ST-ZIP	VENICE, FL 00000		3.4 CITY-ST-ZIP	VENICE, FL	
TITLE	SD	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HAWKE, MARYBELLE		4.2 NAME		
STREET ADDRESS	853 ALLAMANDA CIR		4.3 STREET ADDRESS		
CITY-ST-ZIP	VENICE, FL 00000		4.4 CITY-ST-ZIP		
TITLE	TD	<input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HOULROYD, DORIS		5.2 NAME	TD HUBBLING, LUELLA	
STREET ADDRESS	385 JACARANDA CIR		5.3 STREET ADDRESS	869 JACARANDA CIR	
CITY-ST-ZIP	VENICE, FL 00000		5.4 CITY-ST-ZIP	VENICE, FL	
TITLE	D	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ROCKEY, ALVA		6.2 NAME		
STREET ADDRESS	828 ALLAMANDA CIR		6.3 STREET ADDRESS		
CITY-ST-ZIP	VENICE FL		6.4 CITY-ST-ZIP		

14. I 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, with all other like empowered.

SIGNATURE: MaryBelle Hawke **SIGNATURE REQUIRED** 3/13/99 941-488-6319
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #