

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 746613

FILED
Jan 21, 2009
Secretary of State

Entity Name: RIDGEWOOD MOBILE HOME PARK ASSOCIATION, INC.

Current Principal Place of Business:

449 IXORA CIRCLE
VENICE, FL 34285

New Principal Place of Business:

Current Mailing Address:

449 IXORA CIRCLE
VENICE, FL 34285

New Mailing Address:

FEI Number: 59-1971735

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GREEN, PATRICIA W
746 JACARANDA CIR
VENICE, FL 34285 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: VD () Delete
Name: SATTERFIELD, DAVID
Address: 805 JACARANDA CR
City-St-Zip: VENICE, FL 34285

Title: PD () Delete
Name: RUDIO, FLORENCE
Address: 255 IXORA CIRCLE
City-St-Zip: VENICE, FL 34285

Title: VD () Delete
Name: HOLLENBECK, DAVE
Address: 737 ALLAMANDRA CIRCLE
City-St-Zip: VENICE, FL 34285

Title: SD () Delete
Name: VALLETT, ANGELA
Address: 706 JACARANDA CIRCLE
City-St-Zip: VENICE, FL 34285

Title: TD () Delete
Name: GREEN, PATRICIA W
Address: 746 JACARANDA CIR
City-St-Zip: VENICE, FL 34285

Title: D () Delete
Name: HELVIG, RICHARD
Address: 359 LIMBERRY PLACE
City-St-Zip: VENICE, FL 34285

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VD (X) Change () Addition
Name: HOLLENBECK, DAVE
Address: 737 ALLAMANDRA CIRCLE
City-St-Zip: VENICE, FL 34285

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PATRICIA GREEN

TD

01/21/2009

Electronic Signature of Signing Officer or Director

Date