

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **H52187** (2)

1. Corporation Name
RIDGEWOOD PARK MOBILE HOMEOWNERS OF VENICE, INC.



Principal Place of Business: % WILLIAM R. KORP, 333 S. TAMiami TRAIL, VENICE FL 34285
Mailing Address: 449 IXORA CIRCLE, VENICE FL 34292, US

3. Date Incorporated or Qualified: 04/11/1985
3a. Date of Last Report: 04/11/1995

21	2. Principal Place of Business	26	2a. Mailing Address	4.	FEI Number	Applied For
	Suite, Apt. #, etc.		Suite, Apt. #, etc.		59-1971735	Not Applicable
22	City & State	27	City & State	5.	Certificate of Status Desired	\$8.75 Additional Fee Required
					<input type="checkbox"/>	
23	Zip	28	Zip	6.	Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
	Country		Country		<input type="checkbox"/>	
24		29		8.	This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input type="checkbox"/> No
		30				

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

KORP, WILLIAM R.
333 S. TAMiami TRAIL
SUITE 199
VENICE FL 34285

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
85	Zip Code

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: _____ (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. DIRECTORS IN 12	
TITLE	D CASPERSON, LORAINNE <input type="checkbox"/> DELETE	1.1 TITLE	Change <input checked="" type="checkbox"/> Addition
NAME	378 LIMBERRY PLACE	1.2 NAME	
STREET ADDRESS	VENICE FL	1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	S MCDONALD URSALA <input type="checkbox"/> DELETE	2.1 TITLE	Change <input checked="" type="checkbox"/> Addition
NAME	747 ALLAMANDA CIR	2.2 NAME	
STREET ADDRESS	VENICE FL	2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	DVP CADE, HARLAND <input type="checkbox"/> DELETE	3.1 TITLE	Change <input checked="" type="checkbox"/> Addition
NAME	750 ALLAMANDA CIR	3.2 NAME	
STREET ADDRESS	VENICE FL	3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	TD LAURITA, LARRY <input checked="" type="checkbox"/> DELETE	4.1 TITLE	Change <input checked="" type="checkbox"/> Addition
NAME	287 ALLAMANDA CIR	4.2 NAME	
STREET ADDRESS	VENICE FL	4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	D WILMOT, JAMES <input checked="" type="checkbox"/> DELETE	5.1 TITLE	Change <input type="checkbox"/> Addition
NAME	320 ALLAMANDA CIR	5.2 NAME	
STREET ADDRESS	VENICE FL	5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	DP MCKENZIE, ALBERT <input type="checkbox"/> DELETE	6.1 TITLE	Change <input type="checkbox"/> Addition
NAME	895 MANDARIN PL	6.2 NAME	
STREET ADDRESS	VENICE FL	6.3 STREET ADDRESS	
CITY-ST-ZIP		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 119.07(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 receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Harland R. Cade Date: 4-24-96

CR2E034 (12/95)