

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Apr 15 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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 34265	Mailing Address 449 IXORA CIRCLE VENICE FL 34292 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date incorporated or Qualified 04/11/1985	
21 Suite, Apt. #, etc.	22 City & State	26 Suite, Apt. #, etc.	27 City & State	4. FEI Number 59-1971735	Applied For <input type="checkbox"/> Not Applicable
23 Zip	25 Country	29 Zip	30 Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
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 34265**

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

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) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP <input type="checkbox"/> DELETE	1.1 TITLE	DS <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GAGNIER, HAROLD	1.2 NAME	IORIO, ALICE
STREET ADDRESS	241 IXORA	1.3 STREET ADDRESS	396 MANDARIN PL
CITY-ST-ZIP	VENICE FL	1.4 CITY-ST-ZIP	VENICE, FLA 34292
TITLE	DVP <input type="checkbox"/> DELETE	2.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	COBB, WILLIAM	2.2 NAME	JOHNSON, GORDON
STREET ADDRESS	225 TANGELO	2.3 STREET ADDRESS	725 JACARANDA CIR
CITY-ST-ZIP	VENICE FL	2.4 CITY-ST-ZIP	VENICE, FLA 34292
TITLE	DVP <input checked="" type="checkbox"/> DELETE	3.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CADE, HARLAND	3.2 NAME	MAINE, WILLIAM
STREET ADDRESS	780 ALLAMANDA CIR	3.3 STREET ADDRESS	248 JACARANDA CIR
CITY-ST-ZIP	VENICE FL	3.4 CITY-ST-ZIP	VENICE, FLA 34292
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HAVELL, LORNE	4.2 NAME	
STREET ADDRESS	276 JACARANDA CIRCLE	4.3 STREET ADDRESS	
CITY-ST-ZIP	VENICE FL	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GIERING, WILLIAM	5.2 NAME	
STREET ADDRESS	751 LIMEBERRY PLACE	5.3 STREET ADDRESS	
CITY-ST-ZIP	VENICE FL	5.4 CITY-ST-ZIP	
TITLE	DVP <input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DERMORCH, ROBERT	6.2 NAME	
STREET ADDRESS	308 MANDARIN PL	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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *[Signature]* 4/9/98 90-285-8115

CR2E034 (10/97)