


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

**FILED**  
**Mar 24, 1999 8:00 am**  
**Secretary of State**

03-24-1999 90083 018 \*\*\*150.00

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PROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # H52187**

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
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DO NOT WRITE IN THIS SPACE

21 Principal Place of Business	2a Mailing Address
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State	28 City & State
24 Zip Country	29 Zip Country

3. Date Incorporated or Qualified <b>04/11/1985</b>	
4. FEI Number <b>59-1971735</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property Tax.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

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

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 checked="" type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GAGNER, HAROLD</b>	1.2 NAME	
STREET ADDRESS	<b>241 IXORA</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>VENICE FL</b>	1.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>COBB, WILLIAM</b>	2.2 NAME	<b>WILLIAM MAINE</b>
STREET ADDRESS	<b>225 TANGELO</b>	2.3 STREET ADDRESS	<b>248 JACARANDA CIR</b>
CITY-ST-ZIP	<b>VENICE FL</b>	2.4 CITY-ST-ZIP	<b>VENICE, FLA 34292</b>
TITLE	DS <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>IORIO, ALICE</b>	3.2 NAME	<b>JOYCE VAN AUSDALL</b>
STREET ADDRESS	<b>396 MANDARIN PL</b>	3.3 STREET ADDRESS	<b>774 IXORA CIR</b>
CITY-ST-ZIP	<b>VENICE FL 34292</b>	3.4 CITY-ST-ZIP	<b>VENICE, FLA. 34292</b>
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>HAVELL, LORNE</b>	4.2 NAME	<b>ROBERT WEBER</b>
STREET ADDRESS	<b>278 JACARANDA CIRCLE</b>	4.3 STREET ADDRESS	<b>864 JACARANDA CIRCLE</b>
CITY-ST-ZIP	<b>VENICE FL</b>	4.4 CITY-ST-ZIP	<b>VENICE, FL 34292</b>
TITLE	DP <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GIERING, WILLIAM</b>	5.2 NAME	
STREET ADDRESS	<b>751 LIMEBERRY PLACE</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>VENICE FL</b>	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>JOHNSON, GORDON</b>	6.2 NAME	
STREET ADDRESS	<b>725 JACARANDA CIR</b>	6.3 STREET ADDRESS	
CITY-ST-ZIP	<b>VENICE FL 34292</b>	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, with all other like empowered.

SIGNATURE: *Joyce Van Ausdall* **JOYCE VAN AUSDALL** 19 MAR 99  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #  
 941-485-0343

CR2024 (11/08)