


**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 08, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # H52187</b>	
1. Entity Name <b>RIDGEWOOD PARK MOBILE HOMEOWNERS OF VENICE, INC.</b>	

Principal Place of Business <b>% WILLIAM R. KORP          333 S. TAMiami TRAIL          VENICE, FL 34285</b>	Mailing Address <b>449 IXORA CIRCLE          VENICE, FL 34285 US</b>
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**DO NOT WRITE IN THIS SPACE**



01212008 No Chg-P CR2E034 (11/05)

4. FEI Number <b>59-1971735</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>

6. Name and Address of Current Registered Agent

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

**DO NOT WRITE IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
 After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MCKIBBEN, DIANE 807 AILAMANOR CIRCLE VENICE, FL 34285
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S TYSON, LORAIN 840 ALLAMANDA CR VENICE, FL 34285
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ANASTAS, GEORGE 727 ALLAMANDA CIRCLE VENICE, FL 34285
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HALONEN, ED 336 JACARANDA CR VENICE, FL 34285
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BACH, LLYOD 748 LIMBERRY PK VENICE, FL 34285
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CHABASOL, BOB 305 IXORA CIRCLE VENICE, FL 34285

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 02/18/08-80045-022 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** Diane McKibben (Diane McKibben) / -29-08 941-685-2122

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #