

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 07, 2000 8:00 am**  
**Secretary of State**

02-07-2000 90020 040 \*\*\*61.25

**DOCUMENT # N43163**

1. Entity Name

**RIDGE ACRES PROPERTY OWNERS' ASSOCIATION, INC.**

Principal Place of Business

Mailing Address

P.O. BOX 1050  
 EAGLE LAKE FL 33839  
 US

P.O. BOX 1050  
 EAGLELAKE FL 33839-1050  
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**59-3079232**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MARIN, KRISTINA**  
**511 RIDGE ACRES DRIVE**  
**WINTER HAVEN, FL 33880**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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.

SIGNATURE

*Kristina Marin* **DVP KRISTINA MARIN**

**1-29-2000**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:**  
**FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.

**\$5.00** May Be Added to Fees

**Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **DP**  Delete  
 NAME **TIDWELL, MICHAEL**  
 STREET ADDRESS **527 RIDGE ACRES DR.**  
 CITY-ST-ZIP **WINTER HAVEN FL**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **DVP**  Delete  
 NAME **MARIN, KRISTINA**  
 STREET ADDRESS **511 RIDGE ACRES DR.**  
 CITY-ST-ZIP **WINTER HAVEN FL**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **T**  Delete  
 NAME **LOPEZ, DIANA**  
 STREET ADDRESS **504 RIDGE ACRES DR**  
 CITY-ST-ZIP **WINTER HAVEN FL 33880**

TITLE **T**  Change  Addition  
 NAME **HERNANDEZ BONIFACIO**  
 STREET ADDRESS **530 RIDGE ACRES DR**  
 CITY-ST-ZIP **WINTER HAVEN FL. 33880**

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

12. 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 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 617, 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:

*Kristina Marin* **KRISTINA MARIN**

**1-29-2000**

**-863-324-8435**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #