

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 31, 2005 08:00 AM
Secretary of State

DOCUMENT # N43163

1. Entity Name
**RIDGE ACRES PROPERTY OWNERS' ASSOCIATION,
INC.**



Principal Place of Business
**P.O. BOX 1050
EAGLE LAKE, FL 33839 US**

Mailing Address
**P.O. BOX 1050
EAGLE LAKE, FL 33839 US**



01202005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3079232	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

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

**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 *Kristina Marin*
Signature, typed or printed name of registered agent and title if applicable

DVP
(NOTE: Registered Agent signature required when reinstalling)

01-22-05
DATE

**Filing Fee is \$61.25
Due by May 1, 2005**

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

U000000208235

02/01/05-80070-022 61.25

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP TIDWELL, MICHAEL 527 RIDGE ACRES DR. WINTER HAVEN, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DVP MARIN, KRISTINA 511 RIDGE ACRES DR. WINTER HAVEN, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T ROCHA, JUAN 524 RIDGE ACRES DR. WINTER HAVEN, FL 338806162
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

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*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DVP

01-22-05

Date

863-324-8435
Daytime Phone #