

2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 746613

Entity Name: RIDGEWOOD MOBILE HOME PARK ASSOCIATION, INC.**Current Principal Place of Business:**449 IXORA CIRCLE
VENICE, FL 34285**Current Mailing Address:**449 IXORA CIRCLE
VENICE, FL 34285**FEI Number:** 59-1971735**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**HILL, CAROL A
830 ALLAMANDA CIRCLE
VENICE, FL 34285 US*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:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	PRESIDENT
Name	GREEN, MARSHALL
Address	241 IXORA CIRCLE
City-State-Zip:	VENICE FL 34285

Title	SD
Name	MILLER , PATRICIA
Address	396 MANDARIN PL
City-State-Zip:	VENICE FL 34285

Title	TD
Name	HILL, CAROL A
Address	830 ALLAMANDA CIR
City-State-Zip:	VENICE FL 34285

Title	D
Name	STEVENS, LARRY
Address	216 JACARANDA CIRCLE
City-State-Zip:	VENICE FL 34285

Title	1ST VP
Name	HAYES, JOHN
Address	845 IXORA CIR
City-State-Zip:	VENICE FL 34285

Title	2ND VP
Name	POIST, JACK
Address	840 ALLAMANDA CIR
City-State-Zip:	VENICE FL 34285

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: CAROL A HILL**TREASURER****03/12/2017**_____
Electronic Signature of Signing Officer/Director Detail_____
Date