

**2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N06000003448

**FILED**  
**Apr 14, 2014**  
**Secretary of State**  
**CC4653634074**

**Entity Name:** RIDGE ACRES PHASE II HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

5121 S LAKELAND DR  
SUITE 4  
LAKELAND, FL 33813

**Current Mailing Address:**

P O BOX 5284  
LAKELAND, FL 33807

**FEI Number: 04-3851612**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

STANZ, DEANNA  
5121 S LAKELAND DR  
SUITE4  
LAKELAND, FL 33813 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 DP  
Name WALKER, JAMES  
Address 557 ADRIEL AVE  
City-State-Zip: WINTER HAVEN FL 33880

Title DT  
Name REISER, MARY LOU  
Address 529 ADRIEL AVE  
City-State-Zip: WINTER HAVEN FL 33880

Title DS  
Name WELLS, MELISSA  
Address 340 COLUMBO ST  
City-State-Zip: WINTER HAVEN FL 33880

Title DIRECTOR  
Name LEVERETTE, JOANNA  
Address 544 ADRIEL AVE  
City-State-Zip: WINTER HAVEN FL 33880

Title DIRECTOR  
Name GOMEZ, NATIVIDAD  
Address 488 ADRIEL AVE  
City-State-Zip: WINTER HAVEN FL 33880

*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: JAMES WALKER**

**DP**

**04/14/2014**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date