

2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000002441

FILED
Mar 13, 2013
Secretary of State
CC7477028484**Entity Name:** RIDGECREST MOBILE HOME-OWNERS PARK ASSOCIATION, INC.**Current Principal Place of Business:**170 N YONGE ST
#14
ORMOND BEACH, FL 32174**Current Mailing Address:**170 N YONGE ST
#14
ORMOND BEACH, FL 32174**FEI Number: 41-2228648****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**HOPKINS, WILLIAM
170 N YONGE ST
#123
ORMOND BEACH, FL 32174 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:** WILLIAM HOPKINS**03/13/2013**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :Title PRESIDENT
Name HUTCHESON, WIN
Address 170 N YONGE ST #97
City-State-Zip: ORMOND BEACH FL 32174Title VP
Name HUTCHESON, PAULINE
Address 170 N YONGE ST #97
City-State-Zip: ORMOND BEACH FL 32174Title S
Name MILES, DARLENE
Address 170 N YONGE ST #14
City-State-Zip: ORMOND BEACH FL 32174Title TREASURER
Name MILES, DARLENE
Address 170 N YONGE ST #14
City-State-Zip: ORMOND BEACH FL 32174Title BM
Name HOPKINS, WILLIAM
Address 170 N YONGE ST #123
City-State-Zip: ORMOND BEACH FL 32174Title BM
Name BOHANNON, JANET
Address 170 N YONGE ST #50
City-State-Zip: ORMOND BEACH FL 32174

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: DARLENE MILES**SECRETARY****03/13/2013**

Electronic Signature of Signing Officer/Director Detail

Date