2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 22, 2015
Secretary of State
CC8162065298

DOCUMENT# N07000002441

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:

CONNIE STONER
170 N YONGE ST
#114
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: CONNIE STONNER 05/22/2015

Electronic Signature of Registered Agent — Date

Officer/Director Detail :

Title	PRESIDENT
Name	HOPKINS, BILL
Address	170 N YONGE ST #123
City-State-Zip:	ORMOND BEACH FL 32174

Title	VP
Name	STIMPSON, LINDA
Address	170 N YONGE ST # 92
City-State-Zip:	ORMOND BEACH FL 32174

Title	S
Name	MILES, DARLENE
Address	170 N YONGE ST #14
City-State-Zip:	ORMOND BEACH FL 32174

Title	TREASURER
Name	MILES, DARLENE
Address	170 N YONGE ST #14
City-State-Zip:	ORMOND BEACH FL 32174

Title	BM
Name	STONER, CONNIE
Address	170 N YONGE ST # 114
City-State-Zip:	ORMOND BEACH FL 32174

Title	BM
Name	BOHANNON, JANET
Address	170 N YONGE ST #50
City-State-Zip:	ORMOND BEACH FL 32174

Title	BM
Name	JUILLERAT, GENE
Address	170 N YONGE ST # 36
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: HOPKINS , BILL PRESIDENT 05/22/2015

Electronic Signature of Signing Officer/Director Detail — Date