

2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H52187

Entity Name: RIDGEWOOD PARK MOBILE HOMEOWNERS OF VENICE, INC.**FILED**
Mar 07, 2016
Secretary of State
CC9345018394**Current Principal Place of Business:**

% WILLIAM R. KORP
ONE SARASOTA TOWER TWO NORTH TAMiami TRAIL SUITE500
SARASOTA, FL 34236

Current Mailing Address:

% WILLIAM R. KORP
ONE SARASOTA TOWER TWO NORTH TAMiami TRAIL SUITE500
SARASOTA, FL 34236 US

FEI Number: 59-1971735**Certificate of Status Desired: No****Name and Address of Current Registered Agent:**

KORP, WILLIAM R.
ONE SARASOTA TOWER
TWO NORTH TAMiami TRAIL SUITE 500
SARASOTA, FL 34236 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 HAYES, JOHN
Address 845 IXORA CIRCLE N.
City-State-Zip: VENICE FL 34285

Title VICE PRESIDENT
Name POIST, JACK
Address 840 ALLAMANDA CIRCLE S.
City-State-Zip: VENICE FL 34285

Title SECRETARY
Name MANN, JANICE
Address 261 IXORA CIRCLE W.
City-State-Zip: VENICE FL 34285

Title D.
Name GREEN, MARSHALL
Address 746 JACARANDA CIRCLE S.
City-State-Zip: VENICE FL 34285

Title D.
Name MC DOWELL, SUSAN
Address 751 IXORA CIRCLE S.
City-State-Zip: VENICE FL 34285

Title D.
Name MC CLELLAND, DAVID
Address 361 ALLAMANDA CIRCLE W.
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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: JANICE MANN**SECRETARY****03/07/2016**_____
Electronic Signature of Signing Officer/Director Detail_____
Date