

**2023 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# H52187

**FILED  
Mar 30, 2023  
Secretary of State  
7614344804CC**

**Entity Name:** RIDGEWOOD PARK MOBILE HOMEOWNERS OF VENICE, INC.

**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            FAIRBAIRIN, BILL  
Address        864 JACARANDA CIRCLE  
City-State-Zip: VENICE FL 34285

Title            SECRETARY  
Name            GEISLER, DENISE  
Address        MANDARIN PLACE  
City-State-Zip: VENICE FL 34285

Title            MEMBER  
Name            DUFFY, THOMAS  
Address        807 IXORA CIRCLE  
                  ADDRESS LINE 2  
City-State-Zip: VENICE FL 34285

Title            MEMBER  
Name            ELLIS, DANA  
Address        711 LIMEBERRY PLACE  
City-State-Zip: VENICE FL 34285

Title            TREASURER  
Name            DUFOUR, DEBORAH  
Address        807 IXORA CIRCLE  
City-State-Zip: VENICE FL 34285

Title            MEMBER  
Name            HUBBLING, HARRY  
Address        238 JACARANDA CIRCLE  
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: DEBORAH DUFOUR**

**TREASURER**

**03/30/2023**

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

\_\_\_\_\_  
Date