

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 29, 2005 8:00 am
Secretary of State

04-29-2005 90249 034 ****61.25

DOCUMENT # 715468

1. Entity Name

THE RIDGE MANOR PROPERTY OWNERS ASSOCIATION, INC.



Principal Place of Business

RIDGE MANOR PROPERTY OWNERS ASSOC.
34230 CORTEZ BLVD #5
RIDGE MANOR FL 33523-8829
US

Mailing Address

RIDGE MANOR PROPERTY OWNERS ASSOC.
34230 CORTEZ BLVD #5
RIDGE MANOR FL 33523-8829
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

36-6096639

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**HOFLUS, JASON
6074 BEECHWOOD DRIVE
RIDGE MANOR FL 33523**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25
Due By May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE PD ☐ Delete
NAME HOFIUS, JASON
STREET ADDRESS 6074 BEECHWOOD DRIVE
CITY-ST-ZIP RIDGE MANOR FL 33523

TITLE SD ☐ Delete
NAME ZITCH, JEWEL
STREET ADDRESS 6350 EMERALD DR
CITY-ST-ZIP RIDGE MANOR FL 33523

TITLE TD ☐ Delete
NAME STOUT, MARY E
STREET ADDRESS 35120 ARBOR DR
CITY-ST-ZIP RIDGE MANOR FL 33523

TITLE D ☒ Delete
NAME DOBACK, CONNIE
STREET ADDRESS 34405 WHISPERING OAKS BLVD
CITY-ST-ZIP RIDGE MANOR FL 33523

TITLE D ☒ Delete
NAME CUMMINGS, DEBRA
STREET ADDRESS 6143 FAIRWAY DR
CITY-ST-ZIP RIDGE MANOR FL 33523

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
NAME STOUT, JAMES M.
STREET ADDRESS 35120 ARBOR DRIVE
CITY-ST-ZIP RIDGE MANOR, FL 33523

TITLE ☒ Change ☐ Addition
NAME HAROLD BAKER
STREET ADDRESS 7475 N. CADAL ST.
CITY-ST-ZIP WEBSTER, FL 33597

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address with another like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/29/05

352-533-4293