

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 749388 (5)

1. Corporation Name

RIDGE MANOR ESTATES PROPERTY OWNERS ASSOCIATION,  
INC.



Principal Place of Business

34304 ARBOR ST.  
ONE MILE NORTH OF STATE RD. 50  
RIDGE MANOR FL 33525

Mailing Address

34304 ARBOR ST.  
ONE MILE NORTH OF STATE RD. 50  
RIDGE MANOR FL 33525

3. Date Incorporated or Qualified  
10/18/1979

3a. Date of Last Report  
05/01/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number  
59-1947508

Applied For  
Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

☐ \$5.00 May Be  
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

WILSON, LUCY  
34304 ARBOR ST.  
RIDGE MANOR FL 33525

81

Name

82

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

83

84

City

FL

85

Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE

PD

☒ DELETE

NAME

ANDREWS, GARY

STREET ADDRESS

35159 BAKER BLVD.

CITY - ST - ZIP

WEBSTER FL

TITLE

VD

☒ DELETE

NAME

FRANKLIN, EDWARD (SLIM)

STREET ADDRESS

34186 BERRYHILL RD.

CITY - ST - ZIP

WEBSTER FL

TITLE

SD

☒ DELETE

NAME

CRAWFORD, DAVID

STREET ADDRESS

7471 CASTLEBERRY DR.

CITY - ST - ZIP

WEBSTER FL

TITLE

TD

☐ DELETE

NAME

WILSON, LUCY

STREET ADDRESS

BLK 26 LOT 13, WILDWOOD

CITY - ST - ZIP

RIDGE MANOR FL

TITLE

D

☐ DELETE

NAME

CROUCH, DANIEL

STREET ADDRESS

34220 LONG CIRCLE

CITY - ST - ZIP

WEBSTER FL

TITLE

D

☒ DELETE

NAME

FRANCIS, STEVE

STREET ADDRESS

33090 CORAL ROCK ST.

CITY - ST - ZIP

WEBSTER FL

1.1 TITLE

PD

☐ Change

☒ Addition

1.2 NAME

Twomey, Gale

1.3 STREET ADDRESS

9015 Stone Drive

1.4 CITY - ST - ZIP

Webster, FL 33597

2.1 TITLE

VD

☐ Change

☒ Addition

2.2 NAME

Andrews, Gary

2.3 STREET ADDRESS

35159 Baker Boulevard

2.4 CITY - ST - ZIP

Webster, FL 33597

3.1 TITLE

SD

☐ Change

☒ Addition

3.2 NAME

Francis, Carol

3.3 STREET ADDRESS

33090 Coral Rock Street

3.4 CITY - ST - ZIP

Webster, FL 33597

4.1 TITLE

TD

☒ Change

☐ Addition

4.2 NAME

Wilson, Lucy

4.3 STREET ADDRESS

34304 Arbor Street

4.4 CITY - ST - ZIP

Ridge Manor, FL 33525

5.1 TITLE

☐ Change

☐ Addition

5.2 NAME

D

5.3 STREET ADDRESS

Reynolds, Gary and Denise

5.4 CITY - ST - ZIP

6439 Juniper Avenue

6.1 TITLE

D

☐ Change

☒ Addition

6.2 NAME

Reynolds, Gary and Denise

6.3 STREET ADDRESS

6439 Juniper Avenue

6.4 CITY - ST - ZIP

Webster, FL 33597

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Lucy Wilson

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Lucy Wilson 4/22/96 352-583-2179  
Date Daytime Phone

CR2E037 (12/95)

749388

PJ 20F2

ADDITIONAL DIRECTORS

Richard Wall  
8095 Shasta Street  
Webster, FL 33597

June and Steve Van Orman  
8430 Stone Drive  
Webster, FL 33597

Henry (Butch) Dirksen  
7344 Willoughby Drive  
Webster, FL 33597

David Crawford  
7471 Castleberry Drive  
Webster, FL 33597

Joan Andrews  
35159 Baker Boulevard  
Webster, FL 33597

Phyllis Herman  
7238 Willoughby Drive  
Webster, FL 33597

Reed Cox  
33206 Smallman Street  
Webster, FL 33597

Arthur Blanchard  
64 Juniper Avenue  
Webster, FL 33597