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**Apr 26, 1999 8:00 am**  
**Secretary of State**

04-26-1999 90112 016 \*\*\*\*61.25

**NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # 749388**

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



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

10/18/1979

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number

59-1947508

Applied For  
Not Applicable

22 City & State

27 City & State

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

23 Zip Country

28 Zip Country

6. Election Campaign Financing  
Trust Fund Contribution ☐

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

24 33523 25

29 33523 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**WILSON, LUCY  
34304 ARBOR ST.  
RIDGE MANOR FL 33523**

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: Lucy Wilson, TREAS

Lucy Wilson, Treas

4/23/99

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE  
NAME P  
STREET ADDRESS TWOMEY, GALE  
CITY-ST-ZIP 9015 STONE DR.  
WEBSTER FL

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME VP  
STREET ADDRESS STOUT, JAMES  
CITY-ST-ZIP 6350 EMERALD DRIVE  
RIDGE MANOR FL 33523

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME T  
STREET ADDRESS WILSON, LUCY  
CITY-ST-ZIP 34304 ARBOR ST  
RIDGE MANOR FL

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE ☒ DELETE  
NAME S  
STREET ADDRESS ZITCH, JEWELL  
CITY-ST-ZIP 6350 EMERALD DR.  
RIDGE MANOR FL

4.1 TITLE ☐ Change ☒ Addition  
4.2 NAME S. MARY ELIZABETH LUNS福德  
4.3 STREET ADDRESS 9031 STONE DR.  
4.4 CITY-ST-ZIP WEBSTER, FL 33597

TITLE ☐ DELETE  
NAME D  
STREET ADDRESS WALL, RICHARD  
CITY-ST-ZIP 8095 SHASTA ST  
WEBSTER FL

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME D  
STREET ADDRESS CHANDLER, ROBERT  
CITY-ST-ZIP 7331 KNOXVILLE DRIVE  
WEBSTER FL 33597

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. 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 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, with all other like empowered.

SIGNATURE:

Lucy Wilson, Treasurer

4/23/99

352-583-2179

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)

0085817