

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 04, 2001 8:00 am
Secretary of State

04-04-2001 90057 018 *****61.25

0056538

DOCUMENT # 749388

1. Entity Name

RIDGE MANOR ESTATES PROPERTY OWNERS ASSOCIATION,

Principal Place of Business

Mailing Address

~~34304 ARBOR ST.~~
ONE MILE N OF STATE RD 50
RIDGE MANOR FL 33523
US

~~34304 ARBOR ST.~~
ONE MILE N OF STATE RD 50
RIDGE MANOR FL 33523
US

2. Principal Place of Business

3. Mailing Address

35120 ARBOR ST.
Suite, Apt. #, etc.

35120 ARBOR ST.
Suite, Apt. #, etc.

City & State

City & State

Zip *Same as above* Country **US**

Zip *Same as above* Country **US**

4. FEI Number

59-1947508

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WILSON, LUCY
34304 ARBOR ST.
RIDGE MANOR FL 33523

Name

Street Add



Mary E. Stout
35120 Arbor Dr
Ridge Manor, FL 33523-9310

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.

SIGNATURE

Mary E. Stout, Treasurer

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

(NOTE: Registered Agent signature required when reinstating)

4/01/01

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **P** ☐ Delete
NAME **STOUT, JAMES**
STREET ADDRESS **35120 ARBOR ST**
CITY-ST-ZIP **RIDGE MANOR FL 33523**

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

TITLE **VP** ☐ Delete
NAME **DIRKSEN, HENRY**
STREET ADDRESS **7344 WILLOUGHBY DR**
CITY-ST-ZIP **WEBSTER FL 33597**

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

TITLE **T** ☒ Delete
NAME **WILSON, LUCY**
STREET ADDRESS **34304 ARBOR ST**
CITY-ST-ZIP **RIDGE MANOR FL**

TITLE ☐ Change ☐ Addition
NAME **Ms. Mary E. Stout**
STREET ADDRESS **35120 Arbor Dr.**
CITY-ST-ZIP **Ridge Manor, FL 33523-9310**

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

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

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

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

TITLE **D** ☒ Delete
NAME **CHANDLER, ROBERT**
STREET ADDRESS **7331 KNOXVILLE DRIVE**
CITY-ST-ZIP **WEBSTER FL 33597**

TITLE ☐ Change ☐ Addition
NAME **JOHN ZITCH**
STREET ADDRESS **6350 EMERALD DR.**
CITY-ST-ZIP **RIDGE MANOR, FL. 33523**

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 all other like empowered.

SIGNATURE:

Mary E. Stout
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

M. Stout **4-1-01** **352-583-5576**
President Date Daytime Phone #

CR2E037 (10/00)