

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 06, 2006 8:00 am**  
**Secretary of State**

03-06-2006 90031 007 \*\*\*150.00

**DOCUMENT # H52187**

1. Entity Name

**RIDGEWOOD PARK MOBILE HOMEOWNERS OF VENICE, INC.**



Principal Place of Business

Mailing Address

% WILLIAM R. KORP  
333 S. TAMiami TRAIL  
VENICE FL 34285

449 IXORA CIRCLE  
VENICE FL 34285  
US



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E034 (10/05)

4. FEI Number  
**59-1971735**

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

KORP, WILLIAM R.  
333 S. TAMiami TRAIL  
SUITE 199  
VENICE FL 34285

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 \$150.00.**  
**After May 1, 2006 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ROCKEY, AL 828 ALLAMANDA CIRCLE VENICE FL 34285	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V HOULROYD, CHARLES 266 JACARANDA CIRCLE VENICE FL 34285	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HAVELI, LOPNE 278 JACARANDA CIRCLE VENICE FL 34285	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S AUSDALL, JOYCE V 771 IXORA CIRCLE VENICE FL 34285	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S PARKER, DOROTHEA 355 IXORA CIR VENICE FL 34285	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CHABASOL, BOB 305 IXORA CIRCLE VENICE FL 34285	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ME KIBBEN, DIANE 807 ALLAMANDA CIR. VENICE FL 34285	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S VAN AUSSDALL, JOYCE 771 IXORA CIR. VENICE FL 34285	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ANASTAS, GEORGE 727 ALLAMANDA CIR. VENICE FL 34285	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BACH, LLOYD 948 LIMBERRY PL. VENICE FL 34285	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HALONEN, ED 356 JACARANDA CIR VENICE FL 34285	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D THOM, GORDON 810 ALLAMANDA CIR VENICE FL 34285	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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 607, 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:** *Joyce Van Aussdall*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JOYCE VAN AUSSDALL

FEB. 23, 2006 - 941-485-0343

Date

Daytime Phone #