2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2007 8:00 am
Secretary of State
04-05-2007 90143 039 ***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

01072007 Chg-P CR2E034 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2007 Fee will be $550.00

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 MCKIBBEN, DIANE 807 ALAMANOR CIRCLE VENICE, FL 34285	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S VAN AUSDALL, JOYCE 771 IXORA CIRCLE VENICE, FL 34285	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S Lorraine Tyson 840 Allamanda Cr Venice FL 34285	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ANASTAS, GEORGE 727 ALLAMANDA CIRCLE VENICE, FL 34285	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S AUSDALL, JOYCE V 771 IXORA CIRCLE VENICE, FL 34285	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Ed Halonen 336 Jacaranda Cr Venice FL 34285	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BACH, LLYOD 748 LIMBERRY PK VENICE, FL 34285	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D CHABASOL, BOB 305 IXORA CIRCLE VENICE, FL 34285	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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: Diane McKibben 4-19-07 941-685-2122
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Diane McKibben