

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 08, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # H52187**

1. Entity Name  
**RIDGEWOOD PARK MOBILE HOMEOWNERS OF  
VENICE, INC.**



Principal Place of Business

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

Mailing Address

**449 IXORA CIRCLE  
VENICE, FL 34285 US**



01212008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

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

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

**DO NOT WRITE  
IN THIS SPACE**

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, 2008 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

## 10. OFFICERS AND DIRECTORS

TITLE	P
NAME	MCKIBBEN, DIANE
STREET ADDRESS	807 AILAMANOR CIRCLE
CITY-ST-ZIP	VENICE, FL 34285
TITLE	S
NAME	TYSON, LORAIN
STREET ADDRESS	840 ALLAMANDA CR
CITY-ST-ZIP	VENICE, FL 34285
TITLE	D
NAME	ANASTAS, GEORGE
STREET ADDRESS	727 ALLAMANDA CIRCLE
CITY-ST-ZIP	VENICE, FL 34285
TITLE	D
NAME	HALONEN, ED
STREET ADDRESS	336 JACARANDA CR
CITY-ST-ZIP	VENICE, FL 34285
TITLE	D
NAME	BACH, LLYOD
STREET ADDRESS	748 LIMBERRY PK
CITY-ST-ZIP	VENICE, FL 34285
TITLE	D
NAME	CHABASOL, BOB
STREET ADDRESS	305 IXORA CIRCLE
CITY-ST-ZIP	VENICE, FL 34285

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02/18/08-80045-022 150.00

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IN THIS SPACE**

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 (Diane McKibben) 1-29-08 941-685-2122**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #