

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000008149

FILED
Feb 19, 2007
Secretary of State

Entity Name: RIDGE MANOR CO-OP, INC.

Current Principal Place of Business:

1301 POLK CITY RD
UNIT 1
HAINES CITY, FL 33844

New Principal Place of Business:

Current Mailing Address:

1301 POLK CITY RD
UNIT 1
HAINES CITY, FL 33844

New Mailing Address:

FEI Number: 20-1573277 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

COLLING, LEE JAY
682 MAITLAND AVENUE
ALTAMONTE SPRINGS, FL 32701 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: MOORE, ROLAND
Address: 1301 POLK CITY RD LOT 132
City-St-Zip: HAINES CITY, FL 33844

Title: V () Delete
Name: HULL, LAWRENCE
Address: 1301 POLK CITY ROAD, UNIT 106
City-St-Zip: HAINES CITY, FL 33844

Title: D () Delete
Name: GILDERSLEEVE, LARRY
Address: 1301 POLK CITY ROAD, UNIT 107
City-St-Zip: HAINES CITY, FL 33844

Title: D () Delete
Name: CALLAHAN, DORIS
Address: 1301 POLK CITY RD LOT 163
City-St-Zip: HAINES CITY, FL 33844

Title: D () Delete
Name: SANTI, LOU
Address: 1301 POLK CITY ROAD, UNIT 104
City-St-Zip: HAINES CITY, FL 33844

Title: S () Delete
Name: GENRICH, WILLIAM
Address: 1301 POLK CITY RD LOT 143
City-St-Zip: HAINES CITY, FL 33844

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: MANSS, RICHARD
Address: 1301 POLK CITY RD LOT 14
City-St-Zip: HAINES CITY, FL 33844

Title: D (X) Change () Addition
Name: DERUSHIA, SHIRLEY
Address: 1301 POLK CITY ROAD, UNIT 95
City-St-Zip: HAINES CITY, FL 33844

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROLAND MOORE

P

02/19/2007

Electronic Signature of Signing Officer or Director

Date