

2012 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
Feb 28, 2012
Secretary of State

DOCUMENT# N07000002441

Entity Name: RIDGECREST MOBILE HOME-OWNERS PARK ASSOCIATION, INC.**Current Principal Place of Business:**170 N YONGE ST
#14
ORMOND BEACH, FL 32174**New Principal Place of Business:****Current Mailing Address:**170 N YONGE ST
#14
ORMOND BEACH, FL 32174**New Mailing Address:****FEI Number:** 41-2228648**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**MILES, DARLENE
170 N YONGE ST
#14
ORMOND BEACH, FL 32174 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
Name: SCRANTON, BRUCE
Address: 170 N YONGE ST #101
City-St-Zip: ORMOND BEACH, FL 32174

Title: T
Name: DALE, GOODALE R
Address: 170 N YONGE ST #101
City-St-Zip: ORMOND BEACH, FL 32174

Title: S
Name: MILES, DARLENE
Address: 170 N YONGE ST #14
City-St-Zip: ORMOND BEACH, FL 32174

Title: BM
Name: GARLO, CONRAD
Address: 170 N YONGE ST #31
City-St-Zip: ORMOND BEACH, FL 32174

Title: BM
Name: LEE, KENNETH
Address: 170 N YONGE ST #25
City-St-Zip: ORMOND BEACH, FL 32174

Title: BM
Name: KLINGER, RITA
Address: 170 N YONGE ST #57
City-St-Zip: ORMOND BEACH, FL 32174

I hereby 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 all other like empowered.

SIGNATURE: DARLENE MILES

S

02/28/2012

Electronic Signature of Signing Officer or Director

Date