

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 24 PM 2:24

DOCUMENT # N14978 (3)

1. Corporation Name

RIDGECREST MOBILE HOME OWNERS ASSOCIATION, INC.

Principal Place of Business

606 SILVERSTREAM CIR
FT PIERCE FL 34946

Mailing Address

606 SILVERSTREAM CIR
FT PIERCE FL 34946

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
05/19/1986

3a. Date of Last Report
04/15/1994

4. FEI Number
NOT APPLICABLE

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

7. Nonprofit with IRS 501(c)(3)
Tax Exempt Status ☐

\$68.75 Supplemental
Fee Not Required

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

JOHN M HENRY
606 SILVERSTREAM CIR
FT. PIERCE FL 34946

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D
NAME KING, KEN
STREET ADDRESS 171 SILVERSTREAM CIR
CITY-ST-ZIP FT PIERCE FL

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

D
TRAYNER DOROTHY
521 SILVERSTREAM CIR.
FT. PIERCE FL. 34946
☐ Change ☒ Addition

TITLE DVP
NAME MORAIS, GEORGES
STREET ADDRESS 335 FUR TERRACE
CITY-ST-ZIP FT PIERCE FL

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE DST
NAME HENRY, JOHN
STREET ADDRESS 606 SILVERSTREAM CIR
CITY-ST-ZIP FT PIERCE FL

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE DP
NAME HAMLYN, WILLIAM
STREET ADDRESS 291 PECAN PL
CITY-ST-ZIP FT PIERCE FL

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE D
NAME WILSON, ELSIE
STREET ADDRESS 178 LILAC TERRACE
CITY-ST-ZIP FT PIERCE FL

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

D.
← DELETE WILSON, ELSIE
178 LILAC TERRACE
FT. PIERCE FL.
☒ Change ☐ Addition

TITLE D
NAME ROBINSON, JAMES
STREET ADDRESS 279 FUR TERRACE
CITY-ST-ZIP FT PIERCE FL

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

JOHN M. HENRY

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

March 21, 1995 (407) 489-0181

Date

Telephone #