

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N14978 (3)

1. Corporation Name

RIDGECREST MOBILE HOME OWNERS ASSOCIATION, INC.



Principal Place of Business

Mailing Address

606 SILVERSTREAM CIR
FT PIERCE FL 34946

606 SILVERSTREAM CIR
FT PIERCE FL 34946

3. Date Incorporated or Qualified
05/19/1986

3a. Date of Last Report
03/24/1995

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

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

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

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 ~~ARTHUR~~ ARTHUR MORRISON
82 Street Address (P.O. Box Number is Not Acceptable)
2386 CASHEW LANE
83
84 City FT. PIERCE FL 85 Zip Code 34946

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Arthur Morrison Arthur Morrison DST

4/1/96

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	KING, KEN	
STREET ADDRESS	171 SILVERSTREAM CIR	
CITY-ST-ZIP	FT PIERCE FL	
TITLE	DVP	<input checked="" type="checkbox"/> DELETE
NAME	MORAIS, GEORGES	
STREET ADDRESS	335 FUR TERRACE	
CITY-ST-ZIP	FT PIERCE FL	
TITLE	DST	<input checked="" type="checkbox"/> DELETE
NAME	HENRY, JOHN	
STREET ADDRESS	606 SILVERSTREAM CIR	
CITY-ST-ZIP	FT PIERCE FL	
TITLE	DP	<input type="checkbox"/> DELETE
NAME	HAMLYN, WILLIAM	
STREET ADDRESS	291 PECAN PL	
CITY-ST-ZIP	FT PIERCE FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	TRAYNER, DOROTHY	
STREET ADDRESS	521 SILVERSTREAM CIR	
CITY-ST-ZIP	FT PIERCE FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	ROBINSON, JAMES	
STREET ADDRESS	279 FUR TERRACE	
CITY-ST-ZIP	FT PIERCE FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	CLARK, CHARLES	
1.3 STREET ADDRESS	382 SILVERSTREAM CIR.	
1.4 CITY-ST-ZIP	FT. PIERCE FL 34946	
2.1 TITLE	D.V.P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	SCOTT, EILEEN	
2.3 STREET ADDRESS	2471 SKYLOCK COURT	
2.4 CITY-ST-ZIP	FT. PIERCE FL 34946	
3.1 TITLE	D.S.T.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	MORRISON ARTHUR	
3.3 STREET ADDRESS	2386 CASHEW LANE	
3.4 CITY-ST-ZIP	FT. PIERCE, FL. 34946	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE	D.	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	MCDONOUGH RICHARD	
6.3 STREET ADDRESS	298 SILVERSTAEAM CIRC	
6.4 CITY-ST-ZIP	FT. PIERCE FL. 34946	

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 119.07(3)(k), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Arthur Morrison Arthur Morrison 4/1/96 407-598-9044

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)