

FILE NOW: FILING FEE IS \$61.25

FILED

Apr 23 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N14978** (3)
1. Corporation Name
RIDGECREST MOBILE HOME OWNERS ASSOCIATION, INC.



Principal Place of Business
**2386 CASHEW LANE
FT PIERCE FL 34946
US**

Mailing Address
**2386 CASHEW LANE
FT PIERCE FL 34946
US**

3. Date Incorporated or Qualified

05/19/1986

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

2. Principal Place of Business
21 Suite, Apt. #, etc.
22 City & State
23 Zip
24 Country

2a. Mailing Address
2b Suite, Apt. #, etc.
27 City & State
28 Zip
29 Country

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. Is this nonprofit corporation a homeowners association?
☒ Yes ☐ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

**MORRISON, ARTHUR
2386 CASHEW LANE
FT. PIERCE FL 34946**

10. Name and Address of New Registered Agent

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4/16/98

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	GEAR, JOAN	
STREET ADDRESS	208 FUR TERRACE	
CITY-ST-ZIP	FT PIERCE FL	
TITLE	DP	<input checked="" type="checkbox"/> DELETE
NAME	SCOTT, EILEEN	
STREET ADDRESS	2471 SKYLOCK COURT	
CITY-ST-ZIP	FT PIERCE FL	
TITLE	DST	<input type="checkbox"/> DELETE
NAME	MORRISON, ARTHUR	
STREET ADDRESS	2386 CASHEW LANE	
CITY-ST-ZIP	FT PIERCE FL	
TITLE	DVP	<input checked="" type="checkbox"/> DELETE
NAME	CARR, LLOYD	
STREET ADDRESS	479 SILVERSTREAM CIRCLE	
CITY-ST-ZIP	FT PIERCE FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	CORSINO, VICTOR	
STREET ADDRESS	255 SILVERSTREAM CIRCLE	
CITY-ST-ZIP	FT PIERCE FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MCDONOUGH, RICHARD	
STREET ADDRESS	208 SILVERSTREAM CIRCLE	
CITY-ST-ZIP	FT PIERCE FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	DP
2.3 STREET ADDRESS	DIANA O'LEARY
2.4 CITY-ST-ZIP	353 SILVERSTREAM CIRCLE FT. PIERCE, FL 34946
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	DVP
4.3 STREET ADDRESS	Robert M. Mullins
4.4 CITY-ST-ZIP	2419 Cashew Lane FT. PIERCE, FL 34946
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	D
5.3 STREET ADDRESS	Clay Mullins
5.4 CITY-ST-ZIP	353 Silverstream Circle FT. PIERCE, FL 34946
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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
Signature and typed or printed name of officer or director

4/16/98 **261-585-4084**

CR2E037 (10/97)