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**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N14978

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



301880 - 90081 - 24

2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified
05/19/1986

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number
NOT APPLICABLE

Applied For...
Not Applicable

22 City & State

27 City & State

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

23 Zip Country

28 Zip Country

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

24 25 29 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MORRISON, ARTHUR
2386 CASHEW LANE
FT. PIERCE FL 34946

81 Name
STELLA MISURALE

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

312 SILVERSTREAM CIRCLE

83 **FORT PIERCE**

FL 34946

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 **STELLA MISURALE, TREASURER** *Stella Misurale* **4/2/99**

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **D** ☒ DELETE
NAME **GEAR, JOAN**
STREET ADDRESS **266 FUR TERRACE**
CITY-ST-ZIP **FT PIERCE FL**

1.1 TITLE ☒ Change ☐ Addition
President
1.2 NAME **Richard Morello**
1.3 STREET ADDRESS **213 Silverstream Circle**
1.4 CITY-ST-ZIP **Ft Pierce FL 34946**

TITLE **DP** ☒ DELETE
NAME **O'LEARY, DIANA**
STREET ADDRESS **353 SILVERSTREAM CIRCLE**
CITY-ST-ZIP **FT-PIERCE-FL 34946**

2.1 TITLE ☒ Change ☐ Addition
Vice President
2.2 NAME **Andy Lazar**
2.3 STREET ADDRESS **335 Fur Terrace**
2.4 CITY-ST-ZIP **Ft Pierce FL 34946**

TITLE **DST** ☒ DELETE
NAME **MORRISON, ARTHUR**
STREET ADDRESS **2386 CASHEW LANE**
CITY-ST-ZIP **FT PIERCE FL**

3.1 TITLE ☒ Change ☐ Addition
Treasurer
3.2 NAME **Stella Misurale**
3.3 STREET ADDRESS **312 Silverstream Circle**
3.4 CITY-ST-ZIP **Ft Pierce FL 34946**

TITLE **DVP** ☒ DELETE
NAME **MAPLES, ROBERT**
STREET ADDRESS **2419 CARHEW LANE**
CITY-ST-ZIP **FT PIERCE FL 34946**

4.1 TITLE ☒ Change ☐ Addition
Secretary
4.2 NAME **June Smith**
4.3 STREET ADDRESS **129 Silverstream Circle**
4.4 CITY-ST-ZIP **Ft Pierce FL 34946**

TITLE **D** ☒ DELETE
NAME **MULLINS, CLAY**
STREET ADDRESS **858 SILVERSTREAM CIRCLE**
CITY-ST-ZIP **FT PIERCE FL 34946**

5.1 TITLE ☒ Change ☐ Addition
Director
5.2 NAME **Tom Spinello**
5.3 STREET ADDRESS **333 Pecan Place**
5.4 CITY-ST-ZIP **Ft Pierce FL 34946**

TITLE **D** ☒ DELETE
NAME **MCDONOUGH, RICHARD**
STREET ADDRESS **298 SILVERSTREAM CIRCLE**
CITY-ST-ZIP **FT PIERCE FL**

6.1 TITLE ☒ Change ☐ Addition
Director
6.2 NAME **Victor Corsino**
6.3 STREET ADDRESS **255 Silverstream Circle**
6.4 CITY-ST-ZIP **Ft Pierce FL 34946**

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, with all other like empowered.

SIGNATURE:

RICHARD MORELLO, PRESIDENT

Richard Morello **4-2-99**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037-(11/98)