

# 2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 19, 2001 8:00 am  
Secretary of State

04-19-2001 90538 029 \*\*\*\*61.25

DOCUMENT # N 14978

1. Entity Name

Ridgecrest Mobile Home Owners  
ASSOCIATION INC.

Principal Place of Business

Mailing Address

2451 CASHew LANE  
FT. Pierce, FL 34946

2451 CASHew LANE  
FT. Pierce FLA. 34946

C0049722

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

Not APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

THOMAS A. SPINELLO  
633 SILVERSTREAM CIR  
FT. Pierce, FLA. 34946

Name Elmer Hughes  
Street Address (P.O. Box Number is Not Acceptable)  
2451 CASHew LANE  
City Ft. Pierce FL Zip Code 34946

8. 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:  
FEE IS \$61.25

9. Election Campaign Financing  
Trust Fund Contribution.

☐

\$5.00 May Be  
Added to Fees

Make Check Payable to  
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PRESIDENT  
NAME THOMAS A. SPINELLO, SR.  
STREET ADDRESS 633 SILVERSTREAM CIRCLE  
CITY-ST-ZIP FT. Pierce, FLA. 34946

TITLE President  
NAME MYLES ANDERBERG  
STREET ADDRESS 2387 CASHew LANE  
CITY-ST-ZIP FT. Pierce FL 34946

TITLE Vice President  
NAME AL PUMA  
STREET ADDRESS 662 SILVERSTREAM CIRCLE  
CITY-ST-ZIP FT. Pierce FLA 34946

TITLE Vice President  
NAME JUNE SMITH  
STREET ADDRESS 129 SILVERSTREAM CIR  
CITY-ST-ZIP FT. Pierce FLA 34946

TITLE Treasurer / Secretary  
NAME Greg OSTROWSKI  
STREET ADDRESS 395 SILVERSTREAM CIR.  
CITY-ST-ZIP FT. Pierce, FLA. 34946

TITLE Treasurer  
NAME ELMER HUGHES  
STREET ADDRESS 2451 CASHew LANE  
CITY-ST-ZIP FT. Pierce FL. 34946

TITLE Director  
NAME RAYMONA RYAN  
STREET ADDRESS 2440 SKYHAWK  
CITY-ST-ZIP FT. Pierce FLA. 34946

TITLE Sec  
NAME ANDERBERG  
STREET ADDRESS 2387 CASHew LANE  
CITY-ST-ZIP FT. Pierce FLA. 34946

TITLE Director  
NAME CHARLES PETERSON  
STREET ADDRESS 451 SILVERSTREAM  
CITY-ST-ZIP FT. Pierce FLA. 34946

TITLE Director  
NAME GEORGE JANSSEN  
STREET ADDRESS 2371 CASHew LANE  
CITY-ST-ZIP FT. Pierce FLA. 34946

TITLE Director  
NAME CHARLES MILLER  
STREET ADDRESS 287 ACORN  
CITY-ST-ZIP FT. Pierce FLA. 34946

TITLE Dir.  
NAME MURIEL L'HEUREUX  
STREET ADDRESS 2379 CASHew LANE  
CITY-ST-ZIP FT. Pierce FL. 34946

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/13/2001 561-  
467-8798

CR2E037 (11/00)