

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 19, 2004 8:00 am
Secretary of State

04-19-2004 90316 012 ****61.25

DOCUMENT # N14978

1. Entity Name

RIDGECREST MOBILE HOME OWNERS ASSOCIATION, INC.



Principal Place of Business

2251 N US 1
FORT PIERCE FL 34946
US

Mailing Address

% JUNE SMITH
129 SILVER STREAM CIRCLE
FORT PIERCE FL 34946
US

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

NO-T 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

**SMITH, DOLORES J
129 SILVERSTREAM CIR.
FORT PIERCE FL 34946**

Name

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

City

FL

Zip Code

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. I am familiar with, and accept the obligations of registered agent.

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
Due By May 1, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	SMITH, JUNE	
STREET ADDRESS	129 SILVERSTREAM CIRCLE	
CITY-ST-ZIP	FT PIERCE FL 34946	
TITLE	VP	<input type="checkbox"/> Delete
NAME	YOUNG, WILLIAM	
STREET ADDRESS	723 SILVERSTREAM CIR.	
CITY-ST-ZIP	FORT PIERCE FL 34946	
TITLE	ST	<input type="checkbox"/> Delete
NAME	HESTER, DEBBIE	
STREET ADDRESS	2427 CASHEW LANE	
CITY-ST-ZIP	FORT PIERCE FL 34946	
TITLE	D	<input type="checkbox"/> Delete
NAME	BAIRD, DAVID	
STREET ADDRESS	479 SILVERSTREAM CIR.	
CITY-ST-ZIP	FORT PIERCE FL 34946	
TITLE	D	<input type="checkbox"/> Delete
NAME	L'HEUREUX, MURIAL	
STREET ADDRESS	2379 CASHEW LANE	
CITY-ST-ZIP	FT PIERCE FL 34946	
TITLE	D	<input type="checkbox"/> Delete
NAME	WILT, MARY	
STREET ADDRESS	326 SILVER STREAM CIRCLE	
CITY-ST-ZIP	FT PIERCE FL 34946	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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: *June Smith*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-3-04/1-772-460-1737
Date Daytime Phone #