

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 16, 2003 8:00 am**  
**Secretary of State**

05-16-2003 90187 033 \*\*\*\*\*70.00

**DOCUMENT # N14978**

1. Entity Name

**RIDGECREST MOBILE HOME OWNERS ASSOCIATION, INC.**



Principal Place of Business

2251 N US 1  
FT PIERCE FL 34946  
US

Mailing Address

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

2. Principal Place of Business

2251 N. US 1

3. Mailing Address

129 Silver Stream Cir.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES



City & State  
**FT. PIERCE FLA**

City & State  
**FT. PIERCE, FLA.**

4. FEI Number **NOT APPLICABLE**

Applied For  
☒ Not Applicable

Zip  
**34946** Country  
**ST. LUCIE**

Zip  
**34946** Country  
**ST. LUCIE**

5. Certificate of Status Desired ☒

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**HUGHES, ELMER H**  
**2451 CASHEW LANE**  
**FT. PIERCE FL 34946**

7. Name and Address of New Registered Agent

Name  
**Dolores June Smith**  
Street Address (P.O. Box Number is Not Acceptable)

**129 SILVER STREAM CIR.**

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

SIGNATURE

*Dolores June Smith, Pres.*

**5/12/03**

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  
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P	<input type="checkbox"/> Delete
NAME	SMITH, JUNE	
STREET ADDRESS	129 SILVERSTREAM CIRCLE	
CITY-ST-ZIP	FT PIERCE FL 34946	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	ANDERBERG, MYLES	
STREET ADDRESS	2387 CASHEW LANE	
CITY-ST-ZIP	FT PIERCE FL 34946	
TITLE	ST	<input checked="" type="checkbox"/> Delete
NAME	HUGHES, ELMER H	
STREET ADDRESS	2451 CASHEW LANE	
CITY-ST-ZIP	FT PIERCE FL 34946	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	JENSSSEN, GEORGE	
STREET ADDRESS	2371 CASHEW LANE	
CITY-ST-ZIP	FT 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	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	William Young	
STREET ADDRESS	723 SILVERSTREAM CIR	
CITY-ST-ZIP	FT. PIERCE FLA 34946	
TITLE	ST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Debbie Hester	
STREET ADDRESS	2427 CASHEW LANE	
CITY-ST-ZIP	FT. PIERCE FLA. 34946	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAVID BAIRD	
STREET ADDRESS	479 SILVERSTREAM CIR.	
CITY-ST-ZIP	FT. PIERCE 34946	
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: *Dolores June Smith* - P 5/3/03 772-460-1737

CR2E037 (10/02)

90135865

Attachment  
# 114978

To Whom it May Concern;

5-12-03

We are late with Payment because our Sec. Trus. took all the records Back North, and then was Hospitalized in Bad Health, Before his wife could send them Back.

Thank You  
Gary Smith  
Pres.  
Sagecrest Mobile Home  
Owners Association