

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

95 MAY -1 PM 9:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N43163 (7)

1. Corporation Name

RIDGE ACRES PROPERTY OWNERS' ASSOCIATION, INC.

Principal Place of Business

Mailing Address

P.O. BOX 5544
FLORENCE FL 33880

P.O. BOX 5544
FLORENCE FL 33880

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

3a. Date of Last Report

04/25/1991

02/04/1994

4. FEI Number

Applied For

59-3079232

Not Applicable

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. Nonprofit with IRS 501(c)(3)
Tax Exempt Status

\$68.75 Supplemental
Fee Not Required

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes

Yes No

2. Principal Place of Business

2a. Mailing Address

21 P.O. Box 1050

25 P.O. Box 1050

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 EAGLE LAKE, FL

27 EAGLE LAKE, FL

City & State

City & State

23

28

Zip

Country

Zip

Country

24 33839

25 USA

29 33839

30 USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SECRET, SANDI
536 RIDGE ACRES DRIVE
WINTER HAVEN, 33880

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

Sandi Secret - Sandi Secret - Secretary/Treasurer

3/11/95

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

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	DP
NAME	TIDWELL, MICHAEL
STREET ADDRESS	527 RIDGE ACRES DR.
CITY - ST - ZIP	WINTER HAVEN FL
TITLE	DVP
NAME	MARIN, KRISTINA
STREET ADDRESS	511 RIDGE ACRES DR.
CITY - ST - ZIP	WINTER HAVEN FL
TITLE	DST
NAME	SECRET, SANDI
STREET ADDRESS	536 RIDGE ACRES DRIVE
CITY - ST - ZIP	WINTER HAVEN FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	DVP
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	DST
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Sandi Secret - Sandi Secret - Secretary/Treasurer - 3/11/95 - 813-318

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Signature (Print Name)

0571