

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **N43163** (7)
1. Corporation Name
RIDGE ACRES PROPERTY OWNERS' ASSOCIATION, INC.



Principal Place of Business
P.O. BOX 1050
EAGLE LAKE FL 33839
US

Mailing Address
P.O. BOX 1050
EAGLELAKE FL 33839
US

3. Date Incorporated or Qualified
04/25/1991

3a. Date of Last Report
05/01/1995

2. Principal Place of Business 21 P.O. Box 1050 Suite, Apt. #, etc. 22 City & State 23 Eagle Lake, FL Zip 24 33839	2a. Mailing Address 25 P.O. Box 1050 Suite, Apt. #, etc. 27 City & State 28 EAGLE LAKE, FL Zip 29 33839	4. FEI Number 59-3079232 Applied For Not Applicable	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No
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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
KRISTINA MARIN

82 Street Address (P.O. Box Number is Not Acceptable)
511 RIDGE ACRES DR

83

84 City
Winter Haven

85 Zip Code
FL 33880

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 **Kristina Marin** **KRISTINA MARIN** **DST.** **01-17-96**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

DP ☐ DELETE
TIDWELL, MICHAEL
527 RIDGE ACRES DR.
WINTER HAVEN FL

TITLE
NAME
STREET ADDRESS

DVP ☐ DELETE
MARIN, KRISTINA
511 RIDGE ACRES DR.
WINTER HAVEN FL

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

DST ☒ DELETE
SECRET, SANDI
536 RIDGE ACRES DRIVE
WINTER HAVEN FL

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

T ☐ DELETE
Diane Lopez
511 RIDGE ACRES DR
Winter Haven, FL 33880

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
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 119.07(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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: **Kristina Marin** **KRISTINA MARIN** **DST.** **01-17-96** **324-8435**
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E037 (12/95)