

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

**FILED**  
**Apr 12, 2004 8:00 am**  
**Secretary of State**

04-12-2004 90681 013 \*\*\*\*61.25

**DOCUMENT # N46720**

1. Entity Name

**RIDGEWOOD M H C HOME OWNER'S ASSOCIATION, INC.**



Principal Place of Business

P.O. BOX 700  
ELLENTON, FL 34222

Mailing Address

PO BOX 54  
ELLENTON FL 34222  
US

34030303



MOORE CR2E037 (11/03)

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0301554

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

DRESSER, PHYLLIS I  
3408 LAUREN COURT  
ELLENTON FL 34222

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE D ☒ Delete  
NAME JORON, HECTOR T  
STREET ADDRESS 7033 DATE PALM LANE  
CITY-ST-ZIP ELLENTON FL 34222

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D ☐ Delete  
NAME HARRIS, SANDRA J - 1ST D.P.  
STREET ADDRESS 3643 RENEE COURT  
CITY-ST-ZIP ELLENTON FL 34222

TITLE ☒ Change ☐ Addition  
NAME Phyllis I Dresser - T  
STREET ADDRESS 3538 Lauren Ct  
CITY-ST-ZIP Ellenton, Fla 34222

TITLE P ☐ Delete  
NAME JABLONSKI, STANLEY M - Pres  
STREET ADDRESS 6525 LACEY LANE  
CITY-ST-ZIP ELLENTON FL 34222

TITLE ☐ Change ☐ Addition  
NAME Richard L. ADRIANSEN - D  
STREET ADDRESS 6887 Coconut Grove Cir  
CITY-ST-ZIP Ellenton, Fla 34222

TITLE D ☐ Delete  
NAME BITTORF, BETTY E - D  
STREET ADDRESS 7030 DATE PALM LANE  
CITY-ST-ZIP ELLENTON FL 34222

TITLE ☐ Change ☒ Addition  
NAME Virginia Heatley - S  
STREET ADDRESS 3321 Stephanie Lane  
CITY-ST-ZIP Ellenton, Fla 34222

TITLE D ☒ Delete  
NAME PILKINGTON, JAMES J  
STREET ADDRESS 6881 COCONUT GROVE CIRCLE  
CITY-ST-ZIP ELLENTON FL 34222

TITLE ☐ Change ☒ Addition  
NAME O'Neil G. Paradis - D  
STREET ADDRESS 3325 Stephanie Lane  
CITY-ST-ZIP Ellenton, Fla 34222

TITLE D ☒ Delete  
NAME OLSON, DONALD P  
STREET ADDRESS 6628 LACEY LANE  
CITY-ST-ZIP ELLENTON FL 34222

TITLE ☐ Change ☐ Addition  
NAME LORI ECKERT 2nd D.P.  
STREET ADDRESS 3009 Sable Circle  
CITY-ST-ZIP Ellenton, Fla 34222

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:

*Phyllis I. Dresser*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/6/04 941-729-7380

Date

Daytime Phone #