

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 09, 2005 8:00 am**  
**Secretary of State**

02-09-2005 90048 004 \*\*\*\*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

**50012497**



1st MOORE

CR2E037 (10/04)

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

65-0301554

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

DRESSER, PHYLLIS I  
3408 LAUREN COURT  
ELLENTON FL 34222

7. Name and Address of New Registered Agent

Name  
Audrey C. Brown  
Street Address (P.O. Box Number is Not Acceptable)  
3310 Stephanie Lane  
City  
Ellenton FL Zip Code  
34222

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

Audrey C. Brown

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

Audrey C. Brown

(NOTE: Registered Agent signature required when reinstating)

1/28/05

DATE

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2005**

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	T	<input checked="" type="checkbox"/> Delete
NAME	DRESSER, PHYLLIS I	
STREET ADDRESS	3538 LAUREN CT	
CITY-ST-ZIP	ELLENTON FL 34222	
TITLE	1VP	<input type="checkbox"/> Delete
NAME	HARRIS, SANDRA J	
STREET ADDRESS	3643 RENEE COURT	
CITY-ST-ZIP	ELLENTON FL 34222	
TITLE	P	<input type="checkbox"/> Delete
NAME	JABLONSKI, STANLEY M	
STREET ADDRESS	6525 LACEY LANE	
CITY-ST-ZIP	ELLENTON FL 34222	
TITLE	D	<input type="checkbox"/> Delete
NAME	BITTORF, BETTY E	
STREET ADDRESS	7030 DATE PALM LANE	
CITY-ST-ZIP	ELLENTON FL 34222	
TITLE	D	<input type="checkbox"/> Delete
NAME	ADRIAANSEN, RICHARD L	
STREET ADDRESS	6887 COCONUT GROVE CRC	
CITY-ST-ZIP	ELLENTON FL 34222	
TITLE	S	<input type="checkbox"/> Delete
NAME	HEATLEY, VIRGINIA	
STREET ADDRESS	3321 STEPHANIE LANE	
CITY-ST-ZIP	ELLENTON FL 34222	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	TREASURER	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Audrey C. Brown	
STREET ADDRESS	3310 Stephanie Lane	
CITY-ST-ZIP	Ellenton, FL 34222	
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:

Audrey C. Brown

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/28/05

DATE

941-721-1772

DAYTIME PHONE #