

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

**FILED**  
**Mar 15, 2005 8:00 am**  
**Secretary of State**

03-15-2005 90022 006 \*\*\*\*61.25

**DOCUMENT # N96000001907**

1. Entity Name

RIDGECREST HOMEOWNERS ASSOCIATION INC.



Principal Place of Business

6629 HOPI TRAIL  
LEESBURG FL 34748

Mailing Address

6629 HOPI TRAIL  
LEESBURG FL 34748

2. Principal Place of Business

6615 HOPI TRAIL

3. Mailing Address

6615 HOPI TRAIL

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

LEESBURG FL.

City & State

LEESBURG FL.

Zip

34748

Country

USA

Zip

34748

Country

USA



1st MOORE

CR2E037 (10/04)

4. FEI Number

NO-T APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

WALTERS, ORVEL  
6629 HOPI TRAIL  
LEESBURG FL 34748

7. Name and Address of New Registered Agent

Name

VI MOON

Street Address (P.O. Box Number is Not Acceptable)

6615 HOPI TRAIL

City

LEESBURG

FL

Zip Code

34748

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

*Violet Marie Moon Sec.*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

*Joe C. McCullough Treasurer 3-10-05*

**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 S ☒ Delete  
NAME WALTER, FAYE  
STREET ADDRESS 6629 HOPI TRAIL  
CITY-ST-ZIP LEESBURG FL 34748

TITLE T ☐ Delete  
NAME MCCULLOUGH, JOE H  
STREET ADDRESS 26125 S HWY 27 LOT 62  
CITY-ST-ZIP LEESBURG FL 34748

TITLE PD ☐ Delete  
NAME HALL, DUANE  
STREET ADDRESS 1637 BLACKFOOT CT.  
CITY-ST-ZIP LEESBURG FL 34748

TITLE VPD ☒ Delete  
NAME WALTERS, ORVEL  
STREET ADDRESS 6629 HOPI TRAIL  
CITY-ST-ZIP LEESBURG FL 34748

TITLE D ☐ Delete  
NAME BACH, TERI  
STREET ADDRESS 26125 S. HIGHWAY 27 LOT 97  
CITY-ST-ZIP LEESBURG FL 34748

TITLE D ☐ Delete  
NAME EVANS, JERRY  
STREET ADDRESS 26125 S. HIGHWAY 27 LOT 98  
CITY-ST-ZIP LEESBURG FL 34748

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE S ☒ Change ☐ Addition  
NAME VI MOON  
STREET ADDRESS 6615 HOPI TRAIL  
CITY-ST-ZIP LEESBURG, FL. 34748

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

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

TITLE D ☒ Change ☐ Addition  
NAME BRIAN HILL  
STREET ADDRESS 6635 HOPI TRAIL  
CITY-ST-ZIP LEESBURG, FL. 34748

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

TITLE VP ☒ Change ☐ Addition  
NAME EVANS JERRY  
STREET ADDRESS SAME  
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Joe C. McCullough* Joe C. McCullough TREASURER 3-10-05

Date

Daytime Phone #