

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 30, 2007 8:00 am
Secretary of State

03-30-2007 90144 019 ****61.25

DOCUMENT # N96000001907

1. Entity Name
RIDGECREST HOMEOWNERS ASSOCIATION INC.



Principal Place of Business
**6615 HOPI TRAIL
LEESBURG, FL 34748**

Mailing Address
**6615 HOPI TRAIL
LEESBURG, FL 34748**



01042007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
NOT APPLICABLE

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

MOON, VI
**6615 HOPI TRAIL
LEESBURG, FL 34748**

352-326-2127

(VIOLETMARIE) - one name

**DO NOT WRITE
IN THIS SPACE**

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* **VIOLETMARIE MOON**

3-19-07

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**S
MOON, VI
6615 HOPI TRAIL
LEESBURG, FL 34748**

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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DVP
HILL, BRIAN
6635 HOPI TRAIL
LEESBURG, FL 34748**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**X DVP
BACH, TERI
26125 S. HIGHWAY 27 LOT 97
LEESBURG, FL 34748**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**X D
BILLINGS, ANN
58 CHEROKEE TR
LEESBURG, FL 34748**

*HOWARD EDWARDS
26125 S. HWY. 27
LEESBURG, FL 34748*

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: *Joe C. McCullough*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-17-07

Date

Daytime Phone #