## **FILE NOW: FILING FEE IS \$61.25**

Mailing Address

HAINES CITY FL 33844

**LOT 107** 

1301 POLK CITY ROAD STE 73

NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # N9700000313

Principal Place of Business 1301 POLK CITY ROAD

LOT 197 140 HAINES CITY FL 33844

RIDGE MANOR MOBILE HOMEOWNERS' ASSOCIATION, INC.

2. Principal Place of Business 2. Mailing Address 2. Principal Place of Business 2. Date Incorporated or Quelified 01/15/1997  Suite, Apt. #, etc. 2. Suite, Apt. #, etc. 3. Date Incorporated or Quelified 01/15/1997  Suite, Apt. #, etc. 3. FEI Number
Suite, Apt. #, etc.    Suite, Apt. #, etc.   Suite, Apt. #, etc.   Suite, Apt. #, etc.   A. FEI Number   NOT APPLICABLE   Not Applica
Suite, Apt. #, etc.    Suite, Apt. #, etc.   Suite, Apt. #, etc.   Applied For NOT APPLICABLE   Not Applied For NOT APPLICABLE   Not Applied For Not Applied F
27   NOT APPLICABLE   Not Applica   City & State   City & State   City & State   Status Desired   \$8.75 Additions   Fee Required   Fee Required   Status Desired   \$8.75 Additions   Fee Required   Fee Required   Frust Fund Contribution   St.00 May Be Added to Fees   St.00 May
City & State    City & State   City & State   City & State   Status Desired   See Required   Fee Required
Zip Country Zip Country Zip Country 6. Election Campaign Financing \$5.00 May Be Added to Fees  9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 11. Name and Address of New Registered Agent 12. Street Address (P.O. Box Number is Not Acceptable)  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 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  12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1. TITLE  12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1. STREET ADDRESS 1301 POUK CITY RD, #96  Change Address (P.O. Box Number is Not Acceptable)  12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1. STREET ADDRESS 1301 POUK CITY RD, #96  Change Address (P.O. Box Number is Not Acceptable)  12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1. STREET ADDRESS 1301 POUK CITY RD, #96  Change Address (P.O. Box Number is Not Acceptable)  12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1. STREET ADDRESS 1301 POUK CITY RD, #96  Change Address (P.O. Box Number is Not Acceptable)  12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1. STREET ADDRESS 1301 POUK CITY RD, #96  Change Address (P.O. Box Number is Not Acceptable)  12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1. STREET ADDRESS 1301 POUK CITY RD, #96  Change Address (P.O. Box Number is Not Acceptable)  13. STREET ADDRESS 1301 POUK CITY RD, #96  Change Address (P.O. Box Number is Not Acceptable)  14. CITY ST. STREET ADDRESS 1301 POUK CITY RD, #96  Change Address (P.O. Box Number is Not Acceptable)  15. STREET ADDRESS 15. STR
24 25 29 30 Trust Fund Contribution Added to Fees  9. Name and Address of Current Registered Agent  10. Name and Address of New Registered Agent  11. Name  RESNICK, MICHAEL L 1342 EAST VINE ST STE 236 KISSIMMEE FL 34744  12. OFFICERS AND DIRECTORS  SIGNATURE  Signature, typed or printed name of registered agent and tills if applicable. (NOTE: Registered Agent algorithre required when reinstating)  DATE  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1.  TITLE  PD  DELETE  1.1 TITLE  PD  DELETE  1.2 SIREET ADDRESS  GTY-ST-ZIP  HAINES CITY FL 33844  1.4 CITY-ST-ZIP  TITLE  VPD  DELETE  2.1 TITLE  VPD  DELETE  1.1 TITLE  VPD  Change  Ad  Added to Fees  10. Name and Address of New Registered Agent  10. Name and Address of New Registered Agent  12. Name and Address of New Registered Agent  13. Name  14. City  Trust Fund Contribution  Added to Fees  15. Name and Address of New Registered Agent  16. Name and Address of New Registered Agent  18. Name  18. Name  18. Name  18. City  FL  85  Zip Code  19. City  FL  85  Zip Code  10. Note: Registered Agent algorithms required when reinstating)  DATE  12. OFFICERS AND DIRECTORS IN 1.  TITLE  PD  DELETE  1.1 TITLE  Change  Ad  NAME  VPD  NAME  VPD  DELETE  2.1 TITLE  Change  Ad  Ad  Ad  City  FL  85  Zip Code  City  FL  85  Zip Code  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1.  Change  Ad  Ad  City  FL  85  Zip Code  1.1 TITLE  Change  Ad  Ad  Ad  Ad  Ad  City  FL  85  AD  AD  Change  Ad  City  Change  Ad  Ad  Ad  Ad  City  FL  85  AD  Change  Ad  Ad  Ad  City  FL  85  AD  Change  Ad  Ad  Ad  City  FL  Ad  C
9. Name and Address of Current Registered Agent  10. Name and Address of New Registered Agent  RESNICK, MICHAEL L 1342 EAST VINE ST STE 236 KISSIMMEE FL 34744  83  84 City  FL  85 Zip Code  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 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  Signature, typeed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1.  TITLE  PD  DELETE  1.1 TITLE  PD  Change  Ad  NAME  VPD  WOOTEN, GENE  VPD  DELETE  2.1 TITLE  Change  Ad  Change  Ad  City  FL  85  City  Change  Ad  City  FL  85  City  FL  86  City  FL  86
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TITLE D PATSY MC KENNEY hange RAD

CITY-ST-ZIP 14. Thereby 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 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, with all other like empowered.

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

SIGNATURE:

\$1. 3 March

STREET ADDRESS

TITLE

NAME

DELETE

FILED Apr 20, 1999 8:00 am Secretary of State

04-20-1999 90096 008 \*\*\*\*61.25

☐ Addition