

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 10, 2001 8:00 am
Secretary of State

04-10-2001 90005 024 ****61.25

DOCUMENT # N97000000313

1. Entity Name

RIDGE MANOR MOBILE HOMEOWNERS' ASSOCIATION, INC.

Principal Place of Business

1301 POLK CITY ROAD
LOT 140
HAINES CITY FL 33844
US

Mailing Address

1301 POLK CITY ROAD
LOT 140
HAINES CITY FL 33844
US

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

65-0733008

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

SANOBA, GREGORY A
114 EAST EDGEWOOD DRIVE
LAKELAND FL 33803

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.

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

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD
NAME LISLE, WALTER ☒ Delete
STREET ADDRESS 1301 POLK CITY RD, #96
CITY-ST-ZIP HAINES CITY FL 33844

TITLE PD
NAME ABEREGG JACK ☒ Change ☐ Addition
STREET ADDRESS 1301 POLK CITY RD #
CITY-ST-ZIP HAINES CITY 33844

TITLE VPD
NAME WOOTEN, GENE ☒ Delete
STREET ADDRESS 1301 POLK CITY RD, #14
CITY-ST-ZIP HAINES CITY FL 33844

TITLE VPD
NAME WYMER LEO #176 ☒ Change ☐ Addition
STREET ADDRESS 1301 POLK CITY RD
CITY-ST-ZIP HAINES CITY 33844

TITLE T
NAME MCCLEHAN, ELSIE C ☐ Delete
STREET ADDRESS 1301 POLK CITY ROAD, #140
CITY-ST-ZIP HAINES CITY FL 33844

TITLE T
NAME MC CLELLAN EISIE ☐ Change ☐ Addition
STREET ADDRESS CORRECTED SPELLING
CITY-ST-ZIP

TITLE SD
NAME WYMER, LEE ☐ Delete
STREET ADDRESS 1301 POLK CITY ROAD, #176
CITY-ST-ZIP HAINES CITY FL 33844

TITLE SD
NAME HELEN KNAPP ☐ Change ☒ Addition
STREET ADDRESS 1301 POLK CITY RD #
CITY-ST-ZIP HAINES CITY FL 33844

TITLE D
NAME MCKENNEY, PATSY ☒ Delete
STREET ADDRESS 1301 POLK CITY ROAD, #28
CITY-ST-ZIP HAINES CITY FL 33844

TITLE D
NAME MARLENE ANDREWS ☒ Change ☐ Addition
STREET ADDRESS 1301 POLK CITY RD #
CITY-ST-ZIP HAINES CITY 33844

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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: *Elsie McClellan* *McCLELLAN* April 1, 2001
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/00)