

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 22, 2003 8:00 am**  
**Secretary of State**

04-22-2003 90061 028 \*\*\*\*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**

**11006308**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0733008**

Applied For  
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

**SANOBA, GREGORY A  
114 EAST EDGEWOOD DRIVE  
LAKELAND FL 33803**

7. Name and Address of New Registered Agent

**Ms. Elsie McClellan  
1301 Polk City Rd. Lot 140  
Haines City, FL 33844-3256**

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 *Elsie McClellan*

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  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **PD** ☒ Delete  
NAME **ABEREGG, JACK**  
STREET ADDRESS **1301 POLK CITY ROAD #**  
CITY-ST-ZIP **HAINES CITY FL 33844**

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

TITLE **VPD** ☒ Delete  
NAME **WINNE, HAROLD**  
STREET ADDRESS **1301 PORK CITY RD 172**  
CITY-ST-ZIP **HAINES CITY FL 33844**

TITLE **SD** ☐ Delete  
NAME **KNAPP, HELEN**  
STREET ADDRESS **1301 POLK CITY ROAD #**  
CITY-ST-ZIP **HAINES CITY FL 33844**

TITLE **D** ☒ Delete  
NAME **ANDREWS, MARLENE**  
STREET ADDRESS **1301 POLK CITY ROAD #**  
CITY-ST-ZIP **HAINES CITY FL 33844**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☒ Change ☒ Addition  
NAME **Mr. Jack C. Hill**  
STREET ADDRESS **1301 Polk City Rd. - Lot 116**  
CITY-ST-ZIP **33844-3253**

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

TITLE ☐ Change ☒ Addition  
NAME **FRED MCCLELLAN**  
STREET ADDRESS **1301 POLK CITY RD #92**  
CITY-ST-ZIP **HAINES CITY FL 33844**

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

TITLE ☐ Change ☒ Addition  
NAME **MARVIN HURST**  
STREET ADDRESS **1301 POLK CITY RD #46**  
CITY-ST-ZIP **HAINES CITY FL 33844**

TITLE ☐ Change ☐ 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:

*ESLONETUFM.RCQLELLAN*

*Elsie McClellan Treas 4-16-03*

CR2E037 (10/02)