## 2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000001194

Entity Name: MOUNT CARMEL RIDGE HOMEOWNERS ASSOCIATION, INC.

FILED Feb 26, 2018 Secretary of State CC4477209931

## **Current Principal Place of Business:**

KATHRYN BRAFFORD 405 SECOND ST BRANDON, FL 33511

# **Current Mailing Address:**

KATHRYN BRAFFORD 405 SECOND ST BRANDON, FL 33511 US

FEI Number: 59-3305987 Certificate of Status Desired: No

## Name and Address of Current Registered Agent:

BRAFFORD, KATHRYN 405 SECOND ST BRANDON, FL 33511 US

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: KATHRYN BRAFFORD 02/26/2018

Electronic Signature of Registered Agent

Date

#### Officer/Director Detail:

Title	PD	Title	VPD
1100		Tido	V. D

Name YEATON, FRED Name MYERS, GEORGIE

Address 301 S. MT. CARMEL ROAD Address 409 OLD MT CARMEL RD
City-State-Zip: BRANDON FL 33511 City-State-Zip: BRANDON FL 33511

Title S Title TD

Name MATHER, PAULA Name BRAFFORD, KATHRYN

Address 212 THIRD STREET Address 405 SECOND ST

City-State-Zip: BRANDON FL 33511 City-State-Zip: BRANDON FL 33511

Title DIR Title DIR

NameBRAFFORD, WILLIAMNameMITCHELL, MARY MAEAddress405 SECOND STREETAddress312 THIRD STREETCity-State-Zip:BRANDON FL 33511City-State-Zip:BRANDON FL 33511

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: KATHRYN BRAFFORD

**TREASURER** 

02/26/2018