

2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000001194

Entity Name: MOUNT CARMEL RIDGE HOMEOWNERS ASSOCIATION, INC.**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, WILLIAM
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:** WILLIAM BRAFFORD**02/25/2023**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	DIRECTOR
Name	LUKACS SR, JOHN
Address	315 SECOND STREET
City-State-Zip:	BRANDON FL 33511

Title	SECRETARY
Name	SMEDBERG, GAYLE
Address	510 FIFTH STREET
City-State-Zip:	BRANDON FL 33511

Title	TREASURER
Name	BRAFFORD, KATHRYN
Address	405 SECOND ST
City-State-Zip:	BRANDON FL 33511

Title	PRESIDENT
Name	CLINE, LYNN
Address	415 FIFTH ST
City-State-Zip:	BRANDON FL 33511

Title	DIRECTOR
Name	LOWE, BETTY
Address	301 MOUNT CARMEL RD
City-State-Zip:	BRANDON FL 33511

Title	DIRECTOR
Name	KEHL, HAROLD
Address	317 OLD CARMEL RD
City-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****02/25/2023**

Electronic Signature of Signing Officer/Director Detail

Date