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Feb 04 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N95000000434 (9)
1. Corporation Name
RIDGEFIELD HOMEOWNERS ASSOCIATION OF ESCAMBIA, I NC.



Principal Place of Business P.O. BOX 10370 PENSACOLA FL 32524	Mailing Address P.O. BOX 10370 PENSACOLA FL 32524-0370
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2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 01/26/1995	3a. Date of Last Report 05/01/1996
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	4. FEI Number 59-3296914	Applied For <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
22. City & State	27. City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23. Zip	28. Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24. Country	29. Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent
**DECHAMPLAIN, LEWIS P
8165 STRASBURG ROAD
PENSACOLA FL 32514**

10. Name and Address of New Registered Agent

81. Name Sherrell Helm
82. Street Address (P.O. Box Number is Not Acceptable) 8140 Fordham Dr.
83. City Pensacola, FL
84. Zip Code 32514

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 office or 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: *Sherrell Helm* (NOTE: Registered Agent signature required when reinstating) DATE: **Jan. 23, 1997**

12. OFFICERS AND DIRECTORS

TITLE DP	<input checked="" type="checkbox"/> DELETE
NAME DECHAMPLAIN, LEWIS P	
STREET ADDRESS 8165 STRASBURG RD	
CITY-ST-ZIP PENSACOLA FL	
TITLE DS	<input checked="" type="checkbox"/> DELETE
NAME FORD, DONALD	
STREET ADDRESS 8180 FORDHAM DR.	
CITY-ST-ZIP PENSACOLA FL 32514	
TITLE DT	<input checked="" type="checkbox"/> DELETE
NAME MOORE, RON	
STREET ADDRESS 8319 PILGRIM RD.	
CITY-ST-ZIP PENSACOLA FL 32514	
TITLE D	<input type="checkbox"/> DELETE
NAME BUTTS, CHARLES E	
STREET ADDRESS 4233 CROYDON RD.	
CITY-ST-ZIP PENSACOLA FL 32514	
TITLE D	<input checked="" type="checkbox"/> DELETE
NAME HELM, SHERRELL	
STREET ADDRESS 8140 FORDHAM DR.	
CITY-ST-ZIP PENSACOLA FL 32514	
TITLE D	<input type="checkbox"/> DELETE
NAME PAROS, MIKE	
STREET ADDRESS 3931 TONBRIDGE CR.	
CITY-ST-ZIP PENSACOLA FL 32514	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME Sherrell Helm	
1.3 STREET ADDRESS 8140 Fordham Dr.	
1.4 CITY-ST-ZIP Pensacola, Fl. 32514	
2.1 TITLE Ds	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME Sue Tate	
2.3 STREET ADDRESS 8360 Pilgrim Rd.	
2.4 CITY-ST-ZIP Pensacola, Fl. 32514	
3.1 TITLE DT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME Royce Bennett	
3.3 STREET ADDRESS 8185 Strasburg Rd.	
3.4 CITY-ST-ZIP Pensacola, Fl. 32514	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME Lewis DeChamplain	
5.3 STREET ADDRESS 8165 Strasburg Rd.	
5.4 CITY-ST-ZIP Pensacola, Fl. 32514	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do 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 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.

SIGNATURE: *Sherrell Helm* (Sherrell Helm) 1-27-97 (904) 477-7787

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0073223

CR2E037 (9/96)