

FILE NOW: FILING FEE IS \$61.25

FILED
May 20 1998 8:00am
Secretary of State

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|---|---|---|
| NONPROFIT CORPORATION ANNUAL REPORT 1998 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
|---|---|---|

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 |
|---|---|

| | |
|--|--|
| 3. Date Incorporated or Qualified 01/26/1995 | |
| 4. FEI Number 59-3296914 | Applied For <input type="checkbox"/> Not Applicable |

| | |
|---|--|
| 2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country | 2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country |
|---|--|

| | |
|--|---------------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | \$5.00 May Be Added to Fees |
| 7. Is this nonprofit corporation a homeowners association? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | |
| 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | |

9. Name and Address of Current Registered Agent
**HELM SHERRELL
 8140 FORDHAM DR
 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 **Pensacola**
 84 City **FL** 85 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

| | | |
|----------------|---------------------------|--|
| TITLE | DS | <input type="checkbox"/> DELETE |
| NAME | TATE, SUE | |
| STREET ADDRESS | 8380 PILGRIM RD | |
| CITY-ST-ZIP | PENSACOLA FL | |
| TITLE | DT | <input checked="" type="checkbox"/> DELETE |
| NAME | BENNETT, ROYCE | |
| STREET ADDRESS | 8185 STRASBURG RD | |
| CITY-ST-ZIP | PENSACOLA FL | |
| TITLE | D | <input type="checkbox"/> DELETE |
| NAME | DECHAMPLAIN, LEWIS | |
| STREET ADDRESS | 8185 STRASBURG RD | |
| CITY-ST-ZIP | PENSACOLA FL | |
| TITLE | D | <input type="checkbox"/> DELETE |
| NAME | BUTTS, CHARLES E | |
| STREET ADDRESS | 4233 CROYDON RD. | |
| CITY-ST-ZIP | PENSACOLA FL 32514 | |
| TITLE | DP | <input type="checkbox"/> DELETE |
| NAME | HELM, SHERRELL | |
| STREET ADDRESS | 8140 FORDHAM DR. | |
| CITY-ST-ZIP | PENSACOLA FL | |
| 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 | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | |
| 1.3 STREET ADDRESS | |
| 1.4 CITY-ST-ZIP | |
| 2.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | Fran Lutz |
| 2.3 STREET ADDRESS | 8105 Fordham Dr. |
| 2.4 CITY-ST-ZIP | Pensacola, FL 32514 |
| 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | |
| 3.3 STREET ADDRESS | |
| 3.4 CITY-ST-ZIP | |
| 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 | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME | |
| 5.3 STREET ADDRESS | |
| 5.4 CITY-ST-ZIP | |
| 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 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** **05/15/98**

CR2E037 (10/97)