

FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Mar 08, 1999 8:00 am**  
**Secretary of State**

0078417

03-08-1999 90007 030 \*\*\*\*61.25

NONPROFIT  
 CORPORATION  
 ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT # N95000000434**

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



|                                |                     |                     |                     |   |  |
|--------------------------------|---------------------|---------------------|---------------------|---|--|
| 2. Principal Place of Business |                     | 2a. Mailing Address |                     | 3. Date Incorporated or Qualified                         |  |
| 21                             | Suite, Apt. #, etc. | 26                  | Suite, Apt. #, etc. | 01/26/1995  |  |
| 22                             | City & State        | 27                  | City & State        | 4. FEI Number   |  |
| 23                             | Zip                 | 28                  | Zip                 | 59-3296914  |  |
| 24                             | Country             | 29                  | Country             | Applied For   |  |
|                                |                     | 30                  |                     | Not Applicable  |  |
|                                |                     |                     |                     | 5. Certificate of Status Desired <input type="checkbox"/> |  |
|                                |                     |                     |                     | \$8.75 Additional Fee Required                            |  |
|                                |                     |                     |                     | 6. Election Campaign Financing <input type="checkbox"/>   |  |
|                                |                     |                     |                     | \$5.00 May Be Added to Fees                               |  |

|   |  |  |  |  |  |    |          |                   |  |  |
|---|--|--|--|--|--|----|----------|-------------------|--|--|
| 9. Name and Address of Current Registered Agent         |  |  |  | 10. Name and Address of New Registered Agent |  |    |          |                   |  |  |
| HELM, SHERRELL<br>8140 FORDHAM DR<br>PENSACOLA FL 32514 |  |  |  | 81   | Name   |    |          | JULIAN P. Minchew |  |  |
|   |  |  |  | 82   | Street Address (P.O. Box Number is Not Acceptable) |    |          | 8385 BANDERRY Rd  |  |  |
|   |  |  |  | 83   | City   |    |          | PENSACOLA         |  |  |
|   |  |  |  | 84   | 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: *Julian P. Minchew* DATE: 15 Feb 1999

| 12. OFFICERS AND DIRECTORS |   | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |  |
|----------------------------|---|---|--|
| TITLE                      | DS <input type="checkbox"/> DELETE            | 1.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                |
| NAME                       | TATE, SUE                                     | 1.2 NAME  |  |
| STREET ADDRESS             | 8360 PILGRIM RD                               | 1.3 STREET ADDRESS                                    |  |
| CITY-ST-ZIP                | PENSACOLA FL                                  | 1.4 CITY-ST-ZIP                                       |  |
| TITLE                      | DT <input checked="" type="checkbox"/> DELETE | 2.1 TITLE   | DT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition  |
| NAME                       | LUTZ, FRAN                                    | 2.2 NAME  | HULLETT, LARRY W   |
| STREET ADDRESS             | 8105 FORDHAM DR                               | 2.3 STREET ADDRESS                                    | 8349 PILGRIM Rd.   |
| CITY-ST-ZIP                | PENSACOLA FL 32514                            | 2.4 CITY-ST-ZIP                                       | PENSACOLA, FL. 32514   |
| TITLE                      | D <input type="checkbox"/> DELETE             | 3.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                |
| NAME                       | DECHAMPLAIN, LEWIS                            | 3.2 NAME  |  |
| STREET ADDRESS             | 8165 STRASBURG RD                             | 3.3 STREET ADDRESS                                    |  |
| CITY-ST-ZIP                | PENSACOLA FL                                  | 3.4 CITY-ST-ZIP                                       |  |
| TITLE                      | D <input type="checkbox"/> DELETE             | 4.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                |
| NAME                       | BUTTS, CHARLES E                              | 4.2 NAME  |  |
| STREET ADDRESS             | 4233 CROYDON RD.                              | 4.3 STREET ADDRESS                                    |  |
| CITY-ST-ZIP                | PENSACOLA FL 32514                            | 4.4 CITY-ST-ZIP                                       |  |
| TITLE                      | DP <input checked="" type="checkbox"/> DELETE | 5.1 TITLE   | D-P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | HELM, SHERRELL                                | 5.2 NAME  | MINCHEW, JULIAN P.   |
| STREET ADDRESS             | 8140 FORDHAM DR.                              | 5.3 STREET ADDRESS                                    | 8385 BANDERRY Rd   |
| CITY-ST-ZIP                | PENSACOLA FL                                  | 5.4 CITY-ST-ZIP                                       | PENSACOLA, FL 32514  |
| TITLE                      | D <input checked="" type="checkbox"/> DELETE  | 6.1 TITLE   | D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition   |
| NAME                       | PAROS, MIKE                                   | 6.2 NAME  | HELM, SHERRELL   |
| STREET ADDRESS             | 3931 TONBRIDGE CR.                            | 6.3 STREET ADDRESS                                    | 8140 FORDHAM DR.   |
| CITY-ST-ZIP                | PENSACOLA FL 32514                            | 6.4 CITY-ST-ZIP                                       | PENSACOLA, FL 32514  |

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, with all other like empowered.

SIGNATURE: *Julian P. Minchew* DATE: 15 Feb 99 (850) 476-3276

CR2E037 (11/98)