

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000000434

FILED
Feb 06, 2009
Secretary of State

Entity Name: RIDGEFIELD HOMEOWNERS ASSOCIATION OF ESCAMBIA, INC.

Current Principal Place of Business:

P.O. BOX 10370
PENSACOLA, FL 32524

New Principal Place of Business:

4253 CROYDEN RD
PENSACOLA, FL 32524

Current Mailing Address:

P.O. BOX 10370
PENSACOLA, FL 32524

New Mailing Address:

P.O. BOX 10370
PENSACOLA, FL 32514

FEI Number: 59-3296914

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TROYER, KENT -PRESIDENT
4253 CROYDON RD
PENSACOLA, FL 32514 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DT () Delete
Name: VILLIA, MARTHA
Address: 3930 CROYDON RD
City-St-Zip: PENSACOLA, FL 32514

Title: PP () Delete
Name: SMITH, JOSEPH W IV
Address: 4069 TONBRIDGE
City-St-Zip: PENSACOLA, FL 32514

Title: PS () Delete
Name: BERTHIAUME, KATE
Address: 8125 BANBERRY ROAD
City-St-Zip: PENSACOLA, FL 32514

Title: P () Delete
Name: TROYER, KENT
Address: 4253 CROYDON RD
City-St-Zip: PENSACOLA, FL 32514

Title: VP (X) Delete
Name: KUCH, DONA
Address: 8340 PILGRIM RD
City-St-Zip: PENSACOLA, FL 32514

Title: SEC (X) Delete
Name: KING, JUDI
Address: 8380 BANBERRY
City-St-Zip: PENSACOLA, FL 32514

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: P (X) Change () Addition
Name: TROYER, KENT
Address: 4253 CROYDEN RD
City-St-Zip: PENSACOLA, FL 32514

Title: VP (X) Change () Addition
Name: KUCH, DONA M
Address: 8340 PILGRIM RD
City-St-Zip: PENSACOLA, FL 32514

Title: S (X) Change () Addition
Name: KING, JUDI
Address: 8380 BANBERRY
City-St-Zip: PENSACOLA, FL 32514

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: DONA MARIE KUCH

VP

02/06/2009

Electronic Signature of Signing Officer or Director

Date