

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 31, 2003 8:00 am
Secretary of State

01-31-2003 90098 043 ****61.25

DOCUMENT # N95000000434



1. Entity 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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3296914**

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MINCHEW, JULIAN P
8385 BANBERRY RD
PENSACOLA FL 32514**

**HULLETT, LAWRENCE W.
8349 PILGRIM RD
PENSACOLA, FL 32514**

Name **HULLETT, LAWRENCE W.**

Street Address (P.O. Box Number is Not Acceptable)
8349 PILGRIM RD.

City **PENSACOLA**

FL

Zip Code
32514

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Lawrence W. Hullett* **LAWRENCE W. HULLETT** **1-28-03**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **DS** ☐ Delete
NAME **ARNOLD, JULIA**
STREET ADDRESS **3235 STRASBURG RD**
CITY-ST-ZIP **PENSACOLA FL 32514**

TITLE **PRESIDENT** ☒ Change ☐ Addition
NAME **HULLETT, LAWRENCE W.**
STREET ADDRESS **8349 PILGRIM RD.**
CITY-ST-ZIP **PENSACOLA FL 32514**

TITLE **DT** ☐ Delete
NAME **VILLIA, MARTHA**
STREET ADDRESS **3930 CROYDON RD**
CITY-ST-ZIP **PENSACOLA FL 32514**

TITLE **VICE PRES** ☐ Change ☒ Addition
NAME **GUNDERSEN, GEORGE**
STREET ADDRESS **3950 CROYDON RD**
CITY-ST-ZIP **PENSACOLA FL 32514**

TITLE **D** ☐ Delete
NAME **DECHAMPLAIN, LEWIS**
STREET ADDRESS **8165 STRASBURG RD**
CITY-ST-ZIP **PENSACOLA FL**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **DVP** ☒ Delete
NAME **BUTTS, CHARLES E**
STREET ADDRESS **4233 CROYDON RD.**
CITY-ST-ZIP **PENSACOLA FL 32514**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **DP** ☒ Delete
NAME **MINCHEW, JULIAN P**
STREET ADDRESS **8385 BANBERRY RD**
CITY-ST-ZIP **PENSACOLA FL 32514**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **HELM, SHERRELL**
STREET ADDRESS **8140 FORDHAM DR**
CITY-ST-ZIP **PENSACOLA FL 32514**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Lawrence W. Hullett* **LAWRENCE W. HULLETT** **1-28-03** **850-505-9764**

CR2E037 (10/02)