

**2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N13000000807

**FILED**  
**Feb 04, 2016**  
**Secretary of State**  
**CC0721274216**

**Entity Name:** CENTRAL RIDGE PLAZA ASSOCIATION, INC.

**Current Principal Place of Business:**

2001 S.E. TENTH STREET  
BENTONVILLE, AR 72716-5525

**Current Mailing Address:**

2001 S.E. TENTH STREET  
BENTONVILLE, AR 72716-5525

**FEI Number:** NOT APPLICABLE

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

CT CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 US

*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

**Officer/Director Detail :**

Title PD  
Name WEST, ROMONA  
Address 2001 S.E. TENTH STREET  
City-State-Zip: BENTONVILLE AR 72716-5525

Title VPD  
Name CAPPUCILLI, JOSEPH  
Address 3991 GULF TO LAKES HWY.  
City-State-Zip: LECANTO FL 34461

Title SD  
Name SIMS, KERI  
Address 2001 S.E. TENTH STREET  
City-State-Zip: BENTONVILLE AR 72716-5525

Title TD  
Name GLASS, B. A.  
Address 2001 S.E. TENTH STREET  
City-State-Zip: BENTONVILLE AR 72716-5525

Title VP  
Name LEAK, J. COUNCILL  
Address 2001 S.E. TENTH STREET  
City-State-Zip: BENTONVILLE AR 72716-5525

*I hereby 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 all other like empowered.*

**SIGNATURE:** ROMONA WEST

PD

02/04/2016

Electronic Signature of Signing Officer/Director Detail

Date