2008 NOT-FOR-PROFIT CORPORATION

FILED May 02, 2008 8:00 am Secretary of State

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2000	ANNUAL REPORT	A. 1011

DOCUMENT # N03000009631 RIDGE CREST ESTATES HOME OWNERS ASSOCIATION, INC. Principal Place of Business Mailing Address 1020 S. FERDON BLVD. 144 CABANA WAY CRESTVIEW, FL 32536 CRESTVIEW, FL 32536 US 2. Principal Place of Business - No P.O. Box # 3. Mailing Address 01112008 Chg-NP Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E037 (12/06) 4. FEI Number 20-0367020 City & State City & State Applied For Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name WELTON & WILLIAMSON, LLC Street Address (P.O. Box Number is Not Acceptable) 1020 S. FERDON BLVD. CRESTVIEW, FL 32536 City Zip Code 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 SIGNATURE (NOTE: Registered Agent aignature required when reinstating) me of registered agent and title if applicable 9. Election Campaign Financing Make check payable to Filing Fee is \$61.25 \$5.00 May Be Florida Department of State Trust Fund Contribution. Due by May 1, 2008 Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. 10. Charles Salis 154 Cabana Way P/D ☐ Defete TITLE ☐ Change Addition TITLE HENKES, DEYONNE G NAME NAME STREET ADDRESS 1020 S. FERDON BLVD. STREET ADDRESS DRESTULEW FL 32536 CITY-ST-ZIP CRESTVIEW, FL 32536 CITY-ST-ZIP Addition T/D TITLE ☐ Change Delete TITLE -TINA STEEN HORTON, KEITH B NAME NAME 104 CABAWA Way CRESTVIEW, FL 32536 STREET ADDRESS 144 CABANA WAY STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CRESTVIEW, FL 32536 Detete TITLE ☐ Change **Addition** TITLE Sylvestor Echols 152 Cabana Way Crestnew, FC 32536 GARCIA, KRISTEENA NAME NAME 1020 S. FERDON BLVD. STREET ADDRESS STREET ADDRESS CRESTVIEW, FL-32536 CITY-ST-ZIP CITY-ST-ZIP -Final MORITZ 416 Windder H C+ ☐ Change Addition Delete TITLE TITLE REIKER, ILONA NAME NAME STREET ADDRESS P.O. BOX 249 STREET ADDRESS CRESTVIEW, FL 32536 CITY-ST-ZIP CITY-ST-ZIP restulew, FL TITLE ☐ Defete TITLE Change ■ Addition WELTON, MARK H NAME NAME STREET ADDRESS 1020 S. FERDON BLVD. STREET ADDRESS CITY-ST-ZIP CRESTVIEW, FL 32536 CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and addurate and hat 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.

WURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR