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Apr 16, 1999 8:00 am
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04-16-1999 90044 032 ****61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # N27067

1. Corporation Name

RIDGE MANOR WEST CRIME WATCH, INC.

Principal Place of Business

C/O A H BOEHLING
30435 PARK RIDGE DR
BROOKSVILLE FL 34602

Mailing Address

30435 PARK RIDGE DR.
BROOKSVILLE FL 34602
US



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

06/21/1988

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

22 City & State

27 City & State

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

23 Zip Country

28 Zip Country

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

24 Zip Country

29 Zip Country

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BOEHLING, ARTHUR H
30435 PARK RIDGE DR
BROOKSVILLE FL 34602

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DP
NAME MOCKLER, CHARLES P.
STREET ADDRESS 7130 LEXINGTON CIRCLE
CITY-ST-ZIP BROOKSVILLE FL 34602

DELETE

1.1 TITLE V/D
1.2 NAME MOCKLER, CHARLES V
1.3 STREET ADDRESS 7130 LEXINGTON CIRCLE
1.4 CITY-ST-ZIP BROOKSVILLE, FL 34602

Change Addition

TITLE SD
NAME BOEHLING, ARTHUR H.
STREET ADDRESS 30435 PARK RIDGE DR.
CITY-ST-ZIP BROOKSVILLE FL

DELETE

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

Change Addition

TITLE DT
NAME WALTON, MAZIE
STREET ADDRESS 31204 LANCEWOOD DR
CITY-ST-ZIP BROOKSVILLE FL

DELETE

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

Change Addition

TITLE VD
NAME KUERNER, GERTRUDE
STREET ADDRESS 30461 PINE RIDGE LANE
CITY-ST-ZIP BROOKSVILLE FL 34602

DELETE

4.1 TITLE P/D
4.2 NAME KUERNER, GERTRUDE
4.3 STREET ADDRESS 30461 PINE RIDGE LANE
4.4 CITY-ST-ZIP BROOKSVILLE, FL. 34602

Change Addition

TITLE D
NAME GREENE, JOYE
STREET ADDRESS 31232 LANCEWOOD DRIVE
CITY-ST-ZIP BROOKSVILLE FL 34602

DELETE

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

Change Addition

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:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/12/99 (352) 799-1730
Date Daytime Phone #

CR2E037-(1/1/98)