

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 21, 2004 8:00 am**  
**Secretary of State**

04-21-2004 90077 034 \*\*\*\*61.25

**DOCUMENT # N27067**

1. Entity Name

RIDGE MANOR WEST CRIME WATCH, INC.



Principal Place of Business

C/O MAZIE S. WALTON  
31204 LONGWOOD DR  
BROOKSVILLE FL 34602

Mailing Address

31204 LONGWOOD DR  
BROOKSVILLE FL 34602  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Florida

Zip

Country

4. FEI Number

NO-T APPLICABLE

Applied For

Not Applicable

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

WALTON, MAZIE S  
31204 LANCE WOOD DR  
BROOKSVILLE FL 34602

Name

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

City

FL

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 agent.

SIGNATURE

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**  
**Due By May 1, 2004**

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

TITLE SD ☒ Delete  
NAME FANTINE, RITA  
STREET ADDRESS 6383 SHADYWOOD LANE  
CITY-ST-ZIP BROOKSVILLE FL 34602

TITLE DT ☐ Delete  
NAME WALTON, MAZIE  
STREET ADDRESS 31204 LANCEWOOD DR  
CITY-ST-ZIP BROOKSVILLE FL 34602

TITLE PD ☐ Delete  
NAME ROSCILLO, HELEN  
STREET ADDRESS 6484 CEDARSIDE AVE  
CITY-ST-ZIP BROOKSVILLE FL 34602

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

TITLE VD ☐ Delete  
NAME JONES, JEAN  
STREET ADDRESS 7058 LEXINGTON CIRCLE  
CITY-ST-ZIP BROOKSVILLE FL 34602

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ALICE SHOFF SD ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 6497 AMBER RIDGE CIRCLE  
CITY-ST-ZIP BROOKSVILLE FL 34602

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

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

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

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

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:

Mazie S. Walton MAZIE S. WALTON 4/19/04 (352) 799-1730

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #