

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 31, 2006 8:00 am
Secretary of State

07-31-2006 90005 023 ****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**

50060000



07272006 Chg-NP CR2E037 (4/06)

2. Principal Place of Business
31204 LLOYD T. RAYMOND
Suite, Apt. #, etc.
31203 STONEY BROOK DR

3. Mailing Address
31203 STONEY BROOK DR
Suite, Apt. #, etc.

City & State
BROOKSVILLE, FL

City & State
BROOKSVILLE, FL

Zip
34602

Country
US

Zip
34602

Country
US

4. FEI Number
NOT APPLICABLE

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**WALTON, MAZIE S
31204 LANCE WOOD DR
BROOKSVILLE, FL 34602**

7. Name and Address of New Registered Agent

Name **RAYMOND, LLOYD T.**
Street Address (P.O. Box Number is Not Acceptable)
31203 STONEY BROOK DR
City **BROOKSVILLE** FL Zip Code **34602**

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 **PRESIDENT LLOYD T. RAYMOND Lloyd T. Raymond** **7/27/06**
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$61.25
Due by September 8, 2006**

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 **SHOFF, ALICE**
STREET ADDRESS **6497 AMBER RIDGE CIR**
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 **GREEN, I. JOYE**
STREET ADDRESS **21232 LANCE WOOD DR**
CITY-ST-ZIP **BROOKSVILLE, FL 34602**

TITLE **D** ☐ Delete
NAME **PEARSON, JOHN**
STREET ADDRESS **7173 LEXINGTON CIRCLE**
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 **SD** ☒ Change ☐ Addition
NAME **BASE HELEN**
STREET ADDRESS **2463 ASH MONT**
CITY-ST-ZIP **BROOKSVILLE, FL 34602**

TITLE **TD** ☒ Change ☐ Addition
NAME **WIEGER, SUSAN**
STREET ADDRESS **7051 LEXINGTON CIR.**
CITY-ST-ZIP **BROOKSVILLE, FL 34602**

TITLE **PD** ☒ Change ☐ Addition
NAME **RAYMOND, LLOYD T.**
STREET ADDRESS **31203 STONEY BROOK DR**
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

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 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: **PRESIDENT LLOYD T. RAYMOND Lloyd T. Raymond** **7/27/06** **3527548879**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #