

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 04 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N95000000434 (9)

1. Corporation Name

RIDGEFIELD HOMEOWNERS ASSOCIATION OF ESCAMBIA, I
NC.

Principal Place of Business

Mailing Address

P.O. BOX 10370
PENSACOLA FL 32524P.O. BOX 10370
PENSACOLA FL 32524-03703. Date Incorporated or Qualified
01/26/19953a. Date of Last Report
05/01/1996

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number

59-3296914

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution\$5.00 May Be
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

DECHAMPLAIN, LEWIS P
8165 STRASBURG ROAD
PENSACOLA FL 32514

81 Name

Sherrell Helm

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

8140 Fordham Dr.

83

84 City

Pensacola,

FL

85 Zip Code

32514

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: *Sherrell Helm*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Jan. 23, 1997

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	DP	<input checked="" type="checkbox"/> DELETE
NAME	DECHAMPLAIN, LEWIS P	
STREET ADDRESS	8165 STRASBURG RD	
CITY-ST-ZIP	PENSACOLA FL	
TITLE	DS	<input checked="" type="checkbox"/> DELETE
NAME	FORD, DONALD	
STREET ADDRESS	8180 FORDHAM DR.	
CITY-ST-ZIP	PENSACOLA FL 32514	
TITLE	DT	<input checked="" type="checkbox"/> DELETE
NAME	MOORE, RON	
STREET ADDRESS	8319 PILGRIM RD.	
CITY-ST-ZIP	PENSACOLA FL 32514	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BUTTS, CHARLES E	
STREET ADDRESS	4233 CROYDON RD.	
CITY-ST-ZIP	PENSACOLA FL 32514	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	HELM, SHERRELL	
STREET ADDRESS	8140 FORDHAM DR.	
CITY-ST-ZIP	PENSACOLA FL 32514	
TITLE	D	<input type="checkbox"/> DELETE
NAME	PAROS, MIKE	
STREET ADDRESS	3931 TONBRIDGE CR.	
CITY-ST-ZIP	PENSACOLA FL 32514	

1.1 TITLE	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Sherrell Helm	
1.3 STREET ADDRESS	8140 Fordham Dr.	
1.4 CITY-ST-ZIP	Pensacola, FL 32514	
2.1 TITLE	DS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Sue Tate	
2.3 STREET ADDRESS	8360 Pilgrim Rd.	
2.4 CITY-ST-ZIP	Pensacola, FL 32514	
3.1 TITLE	DT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Royce Bennett	
3.3 STREET ADDRESS	8185 Strasburg Rd.	
3.4 CITY-ST-ZIP	Pensacola, FL 32514	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Lewis DeChamplain	
5.3 STREET ADDRESS	8165 Strasburg Rd.	
5.4 CITY-ST-ZIP	Pensacola, FL 32514	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do 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.

SIGNATURE: *Sherrell Helm* (Sherrell Helm) 1-27-97 (904) 477-7787

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0073223

CR2E037 (9/96)