

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS**FILED**
Mar 08, 1999 8:00 am
Secretary of State

03-08-1999 90007 030 ****61.25

0078417

DOCUMENT # N95000000434

1. Corporation Name

**RIDGEFIELD HOMEOWNERS ASSOCIATION OF ESCAMBIA, I
NC.**

Principal Place of Business

P.O. BOX 10370
PENSACOLA FL 32524

Mailing Address

P.O. BOX 10370
PENSACOLA FL 32524

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

9. Name and Address of Current Registered Agent

**HELM, SHERRELL
8140 FORDHAM DR
PENSACOLA FL 32514**

3. Date Incorporated or Qualified

01/26/1995

4. FEI Number

59-3296914

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required6. Election Campaign Financing ☐**\$5.00** May Be
Added to Fees

10. Name and Address of New Registered Agent

81 Name

JULIAN P. Minchew

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

8385 BANDERRY Rd

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

*Julian P. Minchew***15 Feb 1999**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12.

OFFICERS AND DIRECTORS

TITLE

DS

☐ DELETE

NAME

TATE, SUE

STREET ADDRESS

8360 PILGRIM RD

CITY-ST-ZIP

PENSACOLA FL

TITLE

DT

☒ DELETE

NAME

LUTZ, FRAN

STREET ADDRESS

8105 FORDHAM DR

CITY-ST-ZIP

PENSACOLA FL 32514

TITLE

D

☐ DELETE

NAME

DECHAMPLAIN, LEWIS

STREET ADDRESS

8165 STRASBURG RD

CITY-ST-ZIP

PENSACOLA FL

TITLE

D

☐ DELETE

NAME

BUTTS, CHARLES E

STREET ADDRESS

4233 CROYDON RD.

CITY-ST-ZIP

PENSACOLA FL 32514

TITLE

DP

☒ DELETE

NAME

HELM, SHERRELL

STREET ADDRESS

8140 FORDHAM DR.

CITY-ST-ZIP

PENSACOLA FL

TITLE

D

☒ DELETE

NAME

PAROS, MIKE

STREET ADDRESS

3931 TONBRIDGE CR.

CITY-ST-ZIP

PENSACOLA FL 32514

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

☐ Change☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

DT**HULLETT, LARRY W****8349 PILGRIM RD.****PENSACOLA, FL. 32514**☒ Change☐ Addition

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

☐ Change☐ Addition

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

☐ Change☐ Addition

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

D-P.**MINCHEW, JULIAN P.****8385 BANDERRY Rd****PENSACOLA, FL 32514**☒ Change☐ Addition

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

D**HELM, SHERRELL****8140 FORDHAM DR.****PENSACOLA, FL 32514**☒ 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:

Julian P. Minchew
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

15 Feb 99 (850) 476-3276

CR2E037 (11/98)