

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000000434

FILED
Apr 30, 2006
Secretary of State

Entity Name: RIDGEFIELD HOMEOWNERS ASSOCIATION OF ESCAMBIA, INC.

Current Principal Place of Business:

P.O. BOX 10370
PENSACOLA, FL 32524

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 10370
PENSACOLA, FL 32524

New Mailing Address:

FEI Number: 59-3296914

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BERNALL, SHELDON
8145 BANBERRY RD
PENSACOLA, FL 32514 US

Name and Address of New Registered Agent:

SMITH, JOSEPH W IV
4069 TONBRIDGE CIRCLE
PENSACOLA, FL 32514 US

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.

SIGNATURE: JOSEPH W. SMITH IV

04/30/2006

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: BERNALL, SHELDON
Address: 8145 BANBERRY RD
City-St-Zip: PENSACOLA, FL 32514

Title: DT () Delete
Name: VILLIA, MARTHA
Address: 3930 CROYDON RD
City-St-Zip: PENSACOLA, FL 32514

Title: D () Delete
Name: DECHAMPLAIN, LEWIS
Address: 8165 STRASBURG RD
City-St-Zip: PENSACOLA, FL

Title: VP () Delete
Name: SMITH, JOSEPH
Address: 4069 TONBRIDGE
City-St-Zip: PENSACOLA, FL 32514

Title: D () Delete
Name: HELM, SHERRELL
Address: 8140 FORDHAM DR
City-St-Zip: PENSACOLA, FL 32514

Title: S () Delete
Name: BERTHIAUME, KATE
Address: 8125 BANBERRY ROAD
City-St-Zip: PENSACOLA, FL 32514

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: BERNALL, SHELDON
Address: 8145 BANBERRY RD
City-St-Zip: PENSACOLA, FL 32514

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: P (X) Change () Addition
Name: SMITH, JOSEPH W IV
Address: 4069 TONBRIDGE
City-St-Zip: PENSACOLA, FL 32514

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOSEPH W. SMITH IV

P

04/30/2006

Electronic Signature of Signing Officer or Director

Date