2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Apr 29, 2005 8:00 am Secretary of State

DOCUMENT # N9600003925 1. Entity Name CINCO RIDGE OWNERS ASSOCIATION, INC.					04-29-200.	5 90240 04	45 ****6	51.25
	e of Business E DRAWER 1329 N BEACH, FL 32549	Mailing Address POST OFFICE DRAWER 13 FORT WALTON BEACH, FL	•		የ ሀ <mark></mark> ልልሀ4	Į		
2. Principal Place of Business 3. Mail		3. Mailing Address	ailing Address		OLE BUIL BUIL BUIL			ALO: 61 HOU
Suite, Apt. #, etc. Su		Suite, Apt. #, etc.	Suite, Apt. #, etc.		ng-NP	CR2E037	(10/03)	
City & State		City & State		4. FEI Number 59-348585	5			plied For at Applicable
Zip	Country	Zíp	Country	5. Certificate of Sta	atus Desired		8.75 Add	
	6. Name and Address of Current I	Registered Agent		7. Name and Add	ress of New I	Registered Ag	jent	
MEAD, MK	CHAEL W		Name					
24 WALTER MARTIN ROAD SUITE 3			Street Addre	et Address (P.O. Box Number is Not Acceptable)				
FORT WA	LTON BEACH, FL 32548							
			City			FL	Zip Code	9
	named entity submits this statement for ions of registered agent.	the purpose of changing its re-	gistered office or regi	istered agent, or both, in	the State of Fl	lorida. I am fai	miliar with,	and accept
SIGNATURE .	Signature, typed or printed name of registered agent a	nd title if applicable. (NOTE: Ri	legistared Agent signature req	quired when reinstating)		DATE		
SIGNATURE .	Signature, typed or printed name of registared agent a Filling Fee is \$61.25 Due by May 1, 2005	9. Election Campi Trust Fund Cor	aign Financing	\$5.00 May Be Added to Fees		DATE Make check prida Departn		
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10. TITLE NAME STREET ADDRESS	Filing Fee is \$61.25 Due by May 1, 2005 OFFICERS AND DIR PD HARAWAY, LINDA 257 VENTURA CIRCLE FORT WALTON BEACH, FL 325 SD	9. Election Camp. Trust Fund Cor ECTORS	aign Financing ntribution. 11. TITLE NAME STREET ADDRESS	\$5.00 May Be Added to Fees	Flo	Make check ; rida Departn ERS AND DIRE (CTORS IN	tate
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12. I hereby certify that the information supplied with this filling 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: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR MICHAEL WIN MORAL 4/28/05 850/243-3/34