

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 31, 2006 08:00 AM
Secretary of State

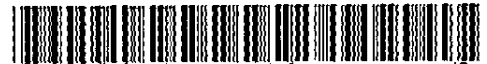
DOCUMENT # N96000003925

1. Entity Name
CINCO RIDGE OWNERS ASSOCIATION, INC.



Principal Place of Business
POST OFFICE DRAWER 1329
FORT WALTON BEACH, FL 32549

Mailing Address
POST OFFICE DRAWER 1329
FORT WALTON BEACH, FL 32549



01072006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3485855

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

MEAD, MICHAEL W
24 WALTER MARTIN ROAD
SUITE 3
FORT WALTON BEACH, FL 32548

**DO NOT WRITE
IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD
NAME HARAWAY, LINDA
STREET ADDRESS 257 VENTURA CIRCLE
CITY-ST-ZIP FORT WALTON BEACH, FL 32548

TITLE SD
NAME TURNER, PHYLLIS R
STREET ADDRESS 274 VENTURA CIRCLE
CITY-ST-ZIP FORT WALTON BEACH, FL 32548

TITLE DVP
NAME MEAD, MICHAEL W
STREET ADDRESS 24 WALTER MARTIN ROAD
CITY-ST-ZIP FORT WALTON BEACH, FL 32548

TITLE T
NAME HUDGENS, ROBERT
STREET ADDRESS 256 VENTURA CIRCLE
CITY-ST-ZIP FORT WALTON BEACH, FL 32548

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U00000412474
02/10/06-80049-003 61.25

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IN THIS SPACE**

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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Michael Wm Mead

1-17-2006 850-243-335
Date Daytime Phone #