

**2007 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 02, 2007 08:00 A**  
**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**



04302007 No Chg-NP

CR2E037 (4/06)

**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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2007**

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

U00000757785  
05/23/07-80086-009 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

Date

Daytime Phone #

*Robert S. Hudgens* **Robert S Hudgens** **Tres** **4/30/07** **850-244-2100**