2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 14, 2009
Secretary of State

DOCUMENT# N96000003925

Entity Name: CINCO RIDGE OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

POST OFFICE DRAWER 1329
FORT WALTON BEACH, FL 32549

New Principal Place of Business:

111 BEAL PARKWAY SE
FORT WALTON BEACH, FL 32548

Current Mailing Address:

POST OFFICE DRAWER 1329
FORT WALTON BEACH, FL 32549

New Mailing Address:

111 BEAL PARKWAY SE
FORT WALTON BEACH, FL 32548

FEI Number: 59-3485855 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	PD	( ) Delete
Name:	HARAWAY, LINDA	
Address:	257 VENTURA CIRCLE	
City-St-Zip:	FORT WALTON BEACH, FL 32548	
Title:	SD	( ) Delete
Name:	TURNER, PHYLLIS R	
Address:	274 VENTURA CIRCLE	
City-St-Zip:	FORT WALTON BEACH, FL 32548	
Title:	DVP	( ) Delete
Name:	MEAD, MICHAEL W	
Address:	24 WALTER MARTIN ROAD	
City-St-Zip:	FORT WALTON BEACH, FL 32548	
Title:	T	( ) Delete
Name:	HUDGENS, ROBERT	
Address:	256 VENTURA CIRCLE	
City-St-Zip:	FORT WALTON BEACH, FL 32548	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
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 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: ROBERT S HUDGENS TRES 07/14/2009

Electronic Signature of Signing Officer or Director — Date