2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2006 08:00 AM
Secretary of State

DOCUMENT # N97000004984

1. Entity Name
THE RIDGELAKES AT WEDGEWOOD HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
250 WEDGEWOOD LANE CRESTVIEW, FL 32536	250 WEDGEWOOD LANE CRESTVIEW, FL 32536

04132006 No Chg-NP CR2E037 (11/05)

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4. FEI Number
59-3490107
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

KRONMILLER, JAMES
250 WEDGEWOOD LANE
CRESTVIEW, FL 32536

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	KRONMILLER, JAMES W
STREET ADDRESS	250 WEDGEWOOD LANE
CITY-ST-ZIP	CRESTVIEW, FL 32536
TITLE	STD
NAME	SMITH, SHIRLEY E
STREET ADDRESS	486 RIDGE LAKE ROAD
CITY-ST-ZIP	CRESTVIEW, FL 32536
TITLE	VD
NAME	COSTELLO, CHARLES
STREET ADDRESS	238 WEDGEWOOD LANE
CITY-ST-ZIP	CRESTVIEW, FL 32536
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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05/02/06-80014-006 61.25

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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: Shirley E Smith SHIRLEY E. SMITH 4/13/06 850-682-6281
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #