

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

FILED

**Feb 19, 2007 08:00 AM
Secretary of State**

DOCUMENT # N97000004984

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



Principal Place of Business
250 WEDGEWOOD LANE
CRESTVIEW, FL 32536

Mailing Address
250 WEDGEWOOD LANE
CRESTVIEW, FL 32536



02142007 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

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

**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 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 32538

TITLE VD
NAME COSTELLO, CHARLES
STREET ADDRESS 238 WEDGEWOOD LANE
CITY-ST-ZIP CRESTVIEW, FL 32536

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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03/01/07-80030-014 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

14 Feb 07 (850) 682-6281

Date

Daytime Phone #