

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED

Feb 27, 2008 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

DO NOT WRITE IN THIS SPACE



02192008 No Chg-NP CR2E037 (4/06)

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

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

(NOTE: Registered Agent signature required when reappointing)

DATE

Filing Fee is \$61.25
Due by May 1, 2008

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

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
KRONMILLER, JAMES W
250 WEDGEWOOD LANE
CRESTVIEW, FL 32536

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
STD
SMITH, SHIRLEY E
486 RIDGE LAKE ROAD
CRESTVIEW, FL 32536

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

000000041853
03/11/08-80003-020 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**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

20 Feb 08 **20 Feb 08** *850-682-6281*
Date Daytime Phone #