

**2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N01000007360

**Entity Name:** JAIMEES RIDGE HOMEOWNERS ASSOCIATION, INC.

**FILED**  
**Jan 18, 2020**  
**Secretary of State**  
**1811962513CC**

**Current Principal Place of Business:**

4400 BAYOU BLVD  
SUITE 58-B  
PENSACOLA, FL 32503

**Current Mailing Address:**

4400 BAYOU BLVD  
SUITE 58-B  
PENSACOLA, FL 32503 US

**FEI Number: 52-2367364**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

REALTY MASTERS OF FLORIDA  
4400 BAYOU BLVD  
SUITE 58-B  
PENSACOLA, FL 32503 US

*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: RENEE WIND**

**01/18/2020**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            CULLINANE, MICHAEL  
Address        4400 BAYOU BLVD  
                  58B  
City-State-Zip: PENSACOLA FL 32503

Title            VP  
Name            GRIFFIN, MERV  
Address        4400 BAYOU BLVD.  
                  #58B  
City-State-Zip: PENSACOLA FL 32503

Title            TREASURER  
Name            WHIPPS, DAVID  
Address        4400 BAYOU BLVD  
                  58B  
City-State-Zip: PENSACOLA FL 32503

Title            SECRETARY  
Name            LIBERTINI, DIANE  
Address        4400 BAYOU BLVD.  
                  #58B  
City-State-Zip: PENSACOLA FL 32503

Title            DIRECTOR  
Name            KILGORE, SEAN  
Address        4400 BAYOU BLVD  
                  SUITE 58-B  
City-State-Zip: PENSACOLA FL 32503

Title            OTHER, MANAGER  
Name            WIND, RENEE  
Address        4400 BAYOU BLVD  
                  SUITE 58-B  
City-State-Zip: PENSACOLA FL 32503

*I hereby 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 all other like empowered.*

**SIGNATURE: RENEE WIND**

**MANAGER**

**01/18/2020**

Electronic Signature of Signing Officer/Director Detail

Date