

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 730559

FILED
Apr 30, 2007
Secretary of State

Entity Name: NORTH HILL PRESERVATION ASSOCIATION, INC.

Current Principal Place of Business:

PO BOX 12451
PENSACOLA, FL 32591

New Principal Place of Business:

1011 NORTH REUS STREET
PENSACOLA, FL 32501

Current Mailing Address:

P.O. BOX 12451
PENSACOLA, FL 325912451

New Mailing Address:

FEI Number: 23-7437278 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WILHELM, STEPHANIE C
1011 N. REUS STREET
PENSACOLA, FL 32501 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: WILHELM, STEPHANIE C
Address: 1011 N REUS STREET
City-St-Zip: PENSACOLA, FL 32501

Title: TD () Delete
Name: CRAWFORD, WILLIAM
Address: 1017 N PALAFOX STREET
City-St-Zip: PENSACOLA, FL 32501

Title: VD () Delete
Name: PETERANECZ, ISTVAN
Address: 113 W STRONG STREET
City-St-Zip: PENSACOLA, FL 32501

Title: SD () Delete
Name: LATSHAW, MILDRED
Address: 1001 N BARCELONA STREET
City-St-Zip: PENSACOLA, FL 32501

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: STEPHANIE C. WILHELM

PD

04/30/2007

Electronic Signature of Signing Officer or Director

_____ Date