


FILED
Feb 02, 2004 8:00 am
Secretary of State

02-02-2004 90008 035 ****61.25

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # 759056	
1. Entity Name NEEDLE RUSH POINT OWNERS ASSOCIATION, INC.	

Principal Place of Business 17119 PERDIDO KEY DRIVE PENSACOLA, FL 32507	Mailing Address 17119 PERDIDO KEY DRIVE PENSACOLA, FL 32507
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DO NOT WRITE IN THIS SPACE

01272004 No Chg-NP CR2E037 (10/03)

3. FEI Number 59-2150395	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent WATERS, DEBORAH M 8200 DON CARLOS DR PENSACOLA, FL 32507	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 _____ DATE _____

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

Filing Fee is \$61.25 Due by May 1, 2004	9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T JENKINS, JAMES 120 LEE DR AUBURN, AL 36830
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D WOODALL, KEITH 1805 WHITTEBLEY CT OPELIKA, AL 36801
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P BANSER, ROBERT 17119 PERDIDO KEY DR PENSACOLA, FL 32527
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP FORTINBERRY, KEN 1005 RUE ST. MICHAEL HAMMOND, LA 70403
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D CAREY, HOLLINGSWORTH 2933 VIRGINIA RD BIRMINGHAM, GA 35223
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S LAPP, ROBERTA 17119 PERDIDA KEY DR PENSACOLA, FL 32507

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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: *Deborah M. Waters* **1-27-2004 492-2180**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR