


**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 14, 2005 8:00 am**  
**Secretary of State**

03-14-2005 90084 034 \*\*\*\*61.25

<b>DOCUMENT # 759056</b>					
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		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-2150395	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
WATERS, DEBORAH M 6200 DON CARLOS DR PENSACOLA, FL 32507			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			State <b>FL</b> Zip Code		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
				<b>Make check payable to Florida Department of State</b>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	T	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	JENKINS, JAMES		NAME		
STREET ADDRESS	120 LEE DR		STREET ADDRESS		
CITY-ST-ZIP	AUBURN, AL 36830		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	WOODALL, KEITH		NAME		
STREET ADDRESS	1805 WHITESLEY CT		STREET ADDRESS		
CITY-ST-ZIP	OPELIKA, AL 36801		CITY-ST-ZIP		
TITLE	P	<input type="checkbox"/> Delete	TITLE	Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BANSER, ROBERT		NAME		
STREET ADDRESS	17119 PERDIDO KEY DR		STREET ADDRESS		
CITY-ST-ZIP	PENSACOLA, FL 32527		CITY-ST-ZIP		
TITLE	VP	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FORTINBERRY, KEN		NAME		
STREET ADDRESS	1005 RUE ST. MICHAEL		STREET ADDRESS		
CITY-ST-ZIP	HAMMOND, LA 70403		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CAREY, HOLLINGSWORTH		NAME		
STREET ADDRESS	2933 VIRGINIA RD		STREET ADDRESS		
CITY-ST-ZIP	BIRMINGHAM, GA 35223		CITY-ST-ZIP		
TITLE	S	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LAPP, ROBERTA		NAME	Jack Mitchell	
STREET ADDRESS	17119 PERDIDA KEY DR		STREET ADDRESS	9911 Millbrook Dr.	
CITY-ST-ZIP	PENSACOLA, FL 32507		CITY-ST-ZIP	Mobile, Ala. 36695	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 empowerments.					
SIGNATURE: <i>Deborah M Waters</i>			2-23-05 850-492-2180		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		