
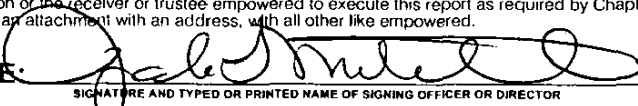


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2007 8:00 am
Secretary of State

04-23-2007 90044 049 ****61.25

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		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		04092007 Chg-NP CR2E037 (12/06)	
Zip		Country		4. 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			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		FL
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reissuing)</small>					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
				Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	P	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PAYNE, THOMAS		NAME	Ken Fortinberry	
STREET ADDRESS	2525 CREST ROAD		STREET ADDRESS	1005 Rue St. Michael	
CITY-ST-ZIP	BIRMINGHAM, AL 35223		CITY-ST-ZIP	Hammond, LA 70403	
TITLE	D	<input type="checkbox"/> Delete	TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BURKE, TED		NAME	Ted Burke	
STREET ADDRESS	70 OAKLAND AVE		STREET ADDRESS	70 Oakland Ave.	
CITY-ST-ZIP	MOBILE, AL 36608		CITY-ST-ZIP	Mobile, AL 36608	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	T	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KRANAH, JOHN		NAME	James Jenkins	
STREET ADDRESS	1134 HALGARD PLACE		STREET ADDRESS	120 Lee Drive	
CITY-ST-ZIP	PENSACOLA, FL 32507		CITY-ST-ZIP	Huburny, AL 36830	
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HAMMOCK, RAY		NAME		
STREET ADDRESS	3709 THE CEDALS		STREET ADDRESS		
CITY-ST-ZIP	MOBILE, AL 36608		CITY-ST-ZIP		
TITLE	P	<input type="checkbox"/> Delete	TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CAREY, HOLLINGSWORTH		NAME	Cary Hollingsworth	
STREET ADDRESS	2933 VIRGINIA RD		STREET ADDRESS	2933 Virginia Rd.	
CITY-ST-ZIP	BIRMINGHAM, GA 35223		CITY-ST-ZIP	Birmingham, AL 35223	
TITLE	S	<input type="checkbox"/> Delete	TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MITCHELL, JACK		NAME	Jack Mitchell	
STREET ADDRESS	9911 MILLBROOK DR		STREET ADDRESS	9911 Millbrook Dr.	
CITY-ST-ZIP	MOBILE, AL 36695		CITY-ST-ZIP	Mobile, AL 36695	
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: 			Date _____ Daytime Phone # _____		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					