## 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## **DOCUMENT#766982**

Apr 24, 2007 Secretary of State

Entity Name: SAN DE LUNA HOMEOWNERS' ASSOCIATION, INC.

**Current Principal Place of Business: New Principal Place of Business:** 

P.O. BOX 11690 910 GARDENGATE CIRCLE PENSACOLA, FL 32524 PENSACOLA, FL 32514 US

**Current Mailing Address: New Mailing Address:** 

P.O. BOX 11690

PENSACOLA, FL 32524 US

FEI Number: 59-2390024 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

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

FORD, J STEVEN 107 N PALAFOX ST

PENSACOLA, FL 32501 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:

Date

Electronic Signature of Registered Agent

## **OFFICERS AND DIRECTORS:**

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

() Delete (X) Change ( ) Addition JIPSON, JIM JIPSON, JIM Name: Name:

1430 EAST LAKEVIEW Address: 1430 EAST LAKEVIEW Address: City-St-Zip: PENSACOLA, FL 32503 City-St-Zip: PENSACOLA, FL 32503

(X) Change ( ) Addition Title: SD ( ) Delete Title: HATCHER, LOIS Name: KENNEDY, THOMAS Name:

Address: 5785 COBBLE CREEK DRIVE Address: 2371 INVERNESS DRIVE City-St-Zip: PACE, FL 32571 City-St-Zip: PENSACOLA, FL 32503

Title: () Delete Title: (X) Change ( ) Addition

GAROFANO, PATRICK SAITER, JAY Name: Name:

30427 MIDDLE CREEK CIRCLE 4675 BAYWOODS DRIVE Address: Address: City-St-Zip: DAPHNE, AL 36527 City-St-Zip: PENSACOLA, FL 32504

Title: ( ) Delete Title: (X) Change ( ) Addition

Name: DOUGLAS, ANNETTE Name: OLEVSON, KEN Address: 711 WESTOVER ROAD Address: 1624 CROW COURT City-St-Zip: WHITEMAN AFB, MO 65305 City-St-Zip: SUNNYVALE, CA 94087

Title: () Delete Title: (X) Change ( ) Addition

GAROFANO, RICHARD GAROFANO, RICHARD Name: Name: 2405 W. 124TH STREET 2405 W. 124TH STREET Address: Address: LEAWOOD, KS 66209 City-St-Zip: City-St-Zip: LEAWOOD, KS 66209

I hereby certify that the information supplied with this filing does not qualify for the 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: RICHARD GARAFANO PD 04/24/2007