

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000000327

FILED  
Apr 06, 2009  
Secretary of State

**Entity Name:** NEWCASTLE PLACE HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

1468 CAMROSE PLACE  
PENSACOLA, FL 32534 US

**New Principal Place of Business:**

**Current Mailing Address:**

PMB 130  
40 WEST NINE MILE ROAD #2  
PENSACOLA, FL 32534 US

**New Mailing Address:**

**FEI Number:** 59-3754372      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired (X)**

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

SIMMONS, ANN  
1468 CAMROSE PLACE  
PENSACOLA, FL 32534 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: SIMMONS, ANN  
Address: 1468 CAMROSE PLACE  
City-St-Zip: PENSACOLA, FL 32534 US

Title: VD ( ) Delete  
Name: GORTON, LORRAINE M  
Address: 4017 SHOREWOOD DRIVE  
City-St-Zip: PENSACOLA, FL 32507 US

Title: DS ( ) Delete  
Name: LARSON, MICHAEL  
Address: 8915 ABBINGTON DRIVE  
City-St-Zip: PENSACOLA, FL 32534 US

Title: DT ( ) Delete  
Name: GILLIAM, CHARLES A  
Address: 9042 CAMELOT PLACE  
City-St-Zip: PENSACOLA, FL 32534 US

Title: D (X) Delete  
Name: UNDERWOOD, MARSHA S  
Address: 1502 NEWCASTLE WAY  
City-St-Zip: PENSACOLA, FL 32534

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: DS (X) Change ( ) Addition  
Name: LOFTON, PHYLLIS E  
Address: 9031 CAMELOT PLACE  
City-St-Zip: PENSACOLA, FL 32534 US

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: CHARLES A GILLIAM

DT

04/06/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date