2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000000591

FILED Apr 30, 2007 Secretary of State

Entity Name: TIBURON WEST OF SANTA ROSA COUNTY HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

New Principal Place of Business:

ETHERIDGE PROP. MGMT 3298 SUMMIT BLVD. STE 4 CENTRE GROUP PROPERTIES, INC 4400 BAYOU BLVD. #35

PENSACOLA, FL 32503

PENSACOLA, FL 32503

Current Mailing Address:

New Mailing Address:

ETHERIDGE PROP. MGMT 3298 SUMMIT BLVD. STE 4 PENSACOLA, FL 32503

CENTRE GROUP PROPERTIES, INC 4400 BAYOU BLVD. #35

PENSACOLA, FL 32503

FEI Number: 20-4427083

ETHERIDGE, KEVIN

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

LONGWELL, TINA 4400 BAYOÙ BLVD

#35

Name:

Address:

3298 SUMMIT BLVD. STE 3 PENSACOLA, FL 32503

PENSACOLA, FL 32503 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: TINA LONGWELL

04/30/2007

Electronic Signature of Registered Agent

FEI Number Applied For ()

Date

(X) Change () Addition

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

() Delete

TUTTLE, RON Name:

8101 UNIVERSITY PKWY STE B Address:

City-St-Zip: PENSACOLA, FL 32514

Title: VPD () Delete

GRAVES, BOB Name:

Address: 8101 UNIVERSITY PKWY, STE B

City-St-Zip: PENSACOLA, FL 32514

Title: () Delete

EDGAR, CHAD Name:

8101 UNIVERSITY PKWY STE B Address: City-St-Zip: PENSACOLA, FL 32514

City-St-Zip: PENSACOLA, FL 32503

4400 BAYOU BLVD #42-A

GILMORE, J DAN

Title: (X) Change () Addition

Name: BAKER, RICHARD

Address: 17 S. PALAFOX STREET SUITE 394

City-St-Zip: PENSACOLA, FL 32501

Title: (X) Change () Addition

Name: JERNIGAN,, JENNIFER 17 S. PALAFOX STREET SUITE 394 Address:

City-St-Zip: PENSACOLA, FL 32501

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: J DAN GILMORE DP 04/30/2007