2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 08, 2007
Secretary of State

DOCUMENT# N06000005984

Entity Name: HOLSBERRY ESTATES HOMEOWNER'S ASSOCIATION, INC.

Current Principal Place of Business:

25 WEST GOVERNMENT STREET
PENSACOLA, FL 32502

New Principal Place of Business:

8101 UNIVERSITY PARKWAY, SUITE B
PENSACOLA, FL 32514

Current Mailing Address:

25 WEST GOVERNMENT STREET
PENSACOLA, FL 32502

New Mailing Address:

8101 UNIVERSITY PARKWAY, SUITE B
PENSACOLA, FL 32514

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

Name and Address of Current Registered Agent:

WHITE, KATHLYN M
8101 UNIVERSITY PARKWAY
SUITE B
PENSACOLA, FL 32514 US

Name and Address of New Registered Agent:

MOORHEAD, STEPHEN R
25 WEST GOVERNMENT STREET
PENSACOLA, FL 32502 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: STEPHEN R. MOORHEAD 02/08/2007
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: TUTTLE, RON
Address: 8101 UNIVERSITY PARKWAY, SUITE B
City-St-Zip: PENSACOLA, FL 32514

Title: V ( ) Delete
Name: GRAVES, ROBERT J
Address: 8101 UNIVERSITY PARKWAY, SUITE B
City-St-Zip: PENSACOLA, FL 32514

Title: S ( ) Delete
Name: TUTTLE, RON
Address: 8101 UNIVERSITY PARKWAY, SUITE B
City-St-Zip: PENSACOLA, FL 32514

Title: T ( ) Delete
Name: GRAVES, ROBERT J
Address: 8101 UNIVERSITY PARKWAY, SUITE B
City-St-Zip: PENSACOLA, FL 32514

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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 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: STEPHEN R. MOORHEAD RA 02/08/2007
Electronic Signature of Signing Officer or Director Date