

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000005984

FILED
Apr 22, 2009
Secretary of State

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

Current Principal Place of Business:

908 GARDENGATE CIRCLE
PENSACOLA, FL 32504

New Principal Place of Business:

Current Mailing Address:

908 GARDENGATE CIRCLE
PENSACOLA, FL 32504

New Mailing Address:

FEI Number: 26-2405276

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ETHERIDGE, RAY O
908 GARDEN GATE CIRCLE
PENSACOLA, FL 32504 US

Name and Address of New Registered Agent:

ETHERIDGE, RAY O
908 GARDENGATE CIRCLE
PENSACOLA, FL 32504 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: RAY O. ETHERIDGE

04/22/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: BURIE, ED
Address: 654 SALETA ST.
City-St-Zip: PENSACOLA, FL 32534

Title: VP () Delete
Name: HEATHER, STOUT
Address: 626 SALETA ST.
City-St-Zip: PENSACOLA, FL 32534

Title: S () Delete
Name: DAVIDSON, GEOMETTE
Address: 638 SALETA ST.
City-St-Zip: PENSACOLA, FL 32534

Title: T () Delete
Name: NEWTON, MELANIE
Address: 634 SALETA ST.
City-St-Zip: PENSACOLA, FL 32534

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: BURIE, ED
Address: 648 SALETA STREET
City-St-Zip: PENSACOLA, FL 32534

Title: VPD (X) Change () Addition
Name: JONES, DANIEL
Address: 604 SALETA STREET
City-St-Zip: PENSACOLA, FL 32534

Title: SD (X) Change () Addition
Name: DAVIDSON, JEANETTE
Address: 638 SALETA STREET
City-St-Zip: PENSACOLA, FL 32534

Title: TD (X) Change () Addition
Name: NEWTON, MELANIE
Address: 634 SALETA STREET
City-St-Zip: PENSACOLA, FL 32534

Title: D () Change (X) Addition
Name: STOUT, HEATHER
Address: 626 SALETA STREET
City-St-Zip: PENSACOLA, FL 32534

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: RAY O. ETHERIDGE

RA

04/22/2009

Electronic Signature of Signing Officer or Director

Date