


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2008 8:00 am
Secretary of State

04-30-2008 90187 045 ****61.25

DOCUMENT # N28853
 1. Entity Name
HOMEPORT HOMEOWNERS' ASSOCIATION, INC.



60033630



Principal Place of Business
 127 S PALAFOX PL
 SUITE 200
 PENSACOLA, FL 32502

Mailing Address
 127 S PALAFOX PL
 SUITE 200
 PENSACOLA, FL 32502 US

2. Principal Place of Business - No P.O. Box #
 1719 N 9th Ave
 Suite, Apt. #, etc.

3. Mailing Address
 1719 N 9th Ave
 Suite, Apt. #, etc.

04222008 Chg-NP CR2E037 (12/06)

City & State
 Pensacola FL

City & State
 Pensacola FL

Zip 32503 Country US

Zip 32503 Country US

4. FEI Number
 59-3248374

Applied For
 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 REALTY MASTERS OF FL.
 1719 NORTH 9TH AVE
 PENSACOLA, FL 32503

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City FL Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Pamela A Keen Pamela A Keen 4/23/08
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is \$61.25
Due by May 1, 2008

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PHILLIPS, BILL 1476 HOMEPORT DR NAVARRE, FL 32566 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Darlene Niemiec 1450 Homeport Dr Navarre Beach, FL 32566 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T STACK, GREG 1401 HOMEPORT DRIVE NAVARRE, FL 32566 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Greg Stack 1401 Homeport Dr Navarre Beach, FL 32566 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S FORESTER, JACK 1480 HOMEPORT DR NAVARRE, FL 32566 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Jason Wilburn 1414 Homeport Dr. Navarre Beach, FL 32566 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CAMPBELL, LINDA 1448 HOMEPORT DR NAVARRE BEACH, FL 32566 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	O Linda Campbell 1448 Homeport Dr. Navarre Beach, FL 32566 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CAMPBELL, LINN 1488 HOMEPORT DR. NAVARRE BEACH, FL 32566 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Jason Mason 1494 Homeport Dr Navarre Beach, FL 32566 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BURT, BENJAMIN 1470 HOMEPORT DR. NAVARRE, FL 32566 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Keith Groth 1413 Homeport Dr Navarre Beach, FL 32566 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address with all other names empowered.

SIGNATURE: Gregory A Stack 4/28/08 (850) 939-1957
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

D

John Davitt
1472 Homeport Dr
Navarre Beach, FL 32566

Addition
ATTACHMENT

60033630

N28853

D

Tim Keohane
1466 Homeport Dr
Navarre Beach, FL 32566

Addition

D

Sandy Schmookler
2317 Tour Eiffel Dr
Tallahassee, FL 32308

Addition