2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

Secretary of State DOCUMENT # N94000002132 03-27-2008 90039 044 ****61 25 HARBOUR POINTE ASSOCIATION OF PENSACOLA, INC. Principal Place of Business Mailing Address 3298 SUMMIT BLVD. 3298 SUMMIT BLVD. STE. 4 STF 4 50002107 PENSACOLA, FL 32503 PENSACOLA, FL 32503 US 2. Principal Place of Business - No P.O. Box # 3. Mailing Address 908 Borrdongate Cur 908 Gardengatei Cir Suite, Apt. #, etc. Suite Apt # etc. 01042008 Chg-NP CR2E037 (12/06) Sity & State City's State 4. FEI Number 59-3251635 Applied For ensacalce Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired ٤ SCANDIC Fee Required SCAMBIC 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name ETHERIDGE, RAY O Street Address (P.O. Box Number is Not Acceptable) 3298 SUMMIT BLVD. STF 4 PENSACOLA, FL 32503 City ensacia 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 -Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when venstating) DATE 9. Election Campaign Financing Make check payable to Filing Fee is \$61.25 \$5.00 May Be Florida Department of State Trust Fund Contribution Due by May 1, 2008 Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTARS IN 10 10. OFFICERS AND DIRECTORS 11. пп₹ Detete TILE ☐ Addition BRAY, RUDY NAME NAME STREET ADDRESS 538 WINDROSE CIR STREET ADDRESS PENSACOLA, FL 32507 CITY-ST-ZP CITY-ST-ZIP D ☐ Telete Change ☐ Addition TITLE ппе REMKE ANDY NAME NAME 513 WIND ROSE CIR STREET ADDRESS STREET ADDRESS CITY-ST-ZIP PENSACOLA, FL 32507 CITY-ST-7P Directer Addition ☑ Delete TITLE Change TITLE Barry Dickson 5210 windrase Cirolo NAME MOORE, BOB NAME 584 WINDROSE CIRCLE STREET ADDRESS STREET ADDRESS PENSACOLA, FL 32507 CITY-ST-ZIP CITY-ST-ZIF Pensacda FL 32507 PD Delete TITLE Change **Addition** TITLE Hille Lentz HOPKINS, EW NAME NAME 528 undrose Circle 560 WINDROSE CIR STREET ADDRESS STREET ADORESS PENSACOLA, FL 32507 CITY-ST-ZIP Pensacda FL. 32507 CITY-ST-ZIP President ☐ Addition TITLE ☐ Delete mir Change HARRIS, MELISSA NAME NAME STREET ADDRESS 529 WINDROSE CIRCLE STREET ADORESS CITY-ST-ZIP PENSACOLA, FL 32507 CITY-ST-ZIP ☐ Change Addition TITLE STD ☐ Detete TITLE COFFEY, KIM NAME NAME 908 Gardengale Circle STREET ADDRESS 3298 SUMMIT BLVD SUITE 4 STREET ADORESS Pensacola FL 32504 PENSACOLA, FL 32503 CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling 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 like empowered.

FILED

Mar 27, 2008 8:00 am

850-484-21