

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000002132

FILED  
Apr 25, 2011  
Secretary of State

**Entity Name:** HARBOUR POINTE ASSOCIATION OF PENSACOLA, INC.

**Current Principal Place of Business:**

908 GARDENGATE CIRCLE  
PENSACOLA, FL 32504 US

**New Principal Place of Business:**

**Current Mailing Address:**

908 GARDENGATE CIRCLE  
PENSACOLA, FL 32504 US

**New Mailing Address:**

FEI Number: 59-3251635

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

ETHERIDGE, RAY O  
908 GARDENGATE CIRCLE  
PENSACOLA, FL 32504 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: WILLIAMS, JOHN  
Address: 519 WINDROSE CIRCLE  
City-St-Zip: PENSACOLA, FL 32507

Title: D  
Name: BRAY, RUDY  
Address: 538 WINDROSE CIRCLE  
City-St-Zip: PENSACOLA, FL 32507

Title: D  
Name: LENTZ, MIKE  
Address: 528 WINDROSE CIRCLE  
City-St-Zip: PENSACOLA, FL 32507

Title: D  
Name: HOPKINS, E.W.  
Address: 560 WINDROSE CIRCLE  
City-St-Zip: PENSACOLA, FL 32507

Title: D  
Name: TURNER, MAILANDE  
Address: 578 WINDROSE CIRCLE  
City-St-Zip: PENSACOLA, FL 32507

I hereby 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 all other like empowered.

SIGNATURE: RAY O. ETHERIDGE

RA

04/25/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date