
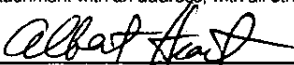


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2006 8:00 am
Secretary of State

04-25-2006 90109 006 ****61.25

DOCUMENT # N99000007104 1. Entity Name SILVERTON OF PENSACOLA HOMEOWNERS ASSOCIATION, INC.					
Principal Place of Business 3298 SUMMIT BOULEVARD SUITE 4 PENSACOLA, FL 32503			Mailing Address 3298 SUMMIT BOULEVARD SUITE 4 PENSACOLA, FL 32503		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-3627850	
				Applied For <input type="checkbox"/> Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ETHERIDGE, RAY O 3298 SUMMIT BOULEVARD SUITE 4 PENSACOLA, FL 32503			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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	PD	<input checked="" type="checkbox"/> Delete	TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SABA, MICHAEL		NAME	Gebbie, Gary	
STREET ADDRESS	3298 SUMMIT BOULEVARD, #18		STREET ADDRESS	8019 Heirloom Dr.	
CITY-ST-ZIP	PENSACOLA, FL 32503		CITY-ST-ZIP	Pensacola, FL 32514	
TITLE	VD	<input checked="" type="checkbox"/> Delete	TITLE	VPD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FRANZ, JON A		NAME	Hunt, Albert	
STREET ADDRESS	3298 SUMMIT BOULEVARD, #18		STREET ADDRESS	7927 Heirloom Dr.	
CITY-ST-ZIP	PENSACOLA, FL 32503		CITY-ST-ZIP	Pensacola, FL 32514	
TITLE	DST	<input checked="" type="checkbox"/> Delete	TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CALDWELL, TOM		NAME	Dorman, Julie	
STREET ADDRESS	3298 SUMMIT BLVD., STE. 18		STREET ADDRESS	7951 Heirloom Dr.	
CITY-ST-ZIP	PENSACOLA, FL 32503		CITY-ST-ZIP	Pensacola, FL 32514	
TITLE		<input type="checkbox"/> Delete	TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	Thomas, Shay	
STREET ADDRESS			STREET ADDRESS	8033 Stonebrook Dr.	
CITY-ST-ZIP			CITY-ST-ZIP	Pensacola, FL 32514	
TITLE		<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	Carter, Katie	
STREET ADDRESS			STREET ADDRESS	8050 Heirloom Dr.	
CITY-ST-ZIP			CITY-ST-ZIP	Pensacola, FL 32514	
TITLE		<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	Shute, Hal	
STREET ADDRESS			STREET ADDRESS	7965 Stonebrook Dr.	
CITY-ST-ZIP			CITY-ST-ZIP	Pensacola, FL 32514	
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 like empowered.					
SIGNATURE: 			4/21/06 250-434-3555		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		