

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000009264

FILED  
May 01, 2007  
Secretary of State

**Entity Name:** ALCANIZ LOFTS AT ALCANIZ CENTRE HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

108 SOUTH ALCANIZ STREET  
PENSACOLA, FL 32502

**New Principal Place of Business:**

**Current Mailing Address:**

108 SOUTH ALCANIZ STREET  
PENSACOLA, FL 32502

**New Mailing Address:**

109 EAST GARDEN STREET  
A  
PENSACOLA, FL 32502

**FEI Number:** 20-5465400      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired (X)**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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

BEGGS & LANE, RLLP  
501 COMMENDENCIA STREET  
PENSACOLA, FL 32502 US

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

SCOGGINS III, INC.  
109 EAST GARDEN STREET  
A  
PENSACOLA, FL 32502 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: DANNY ZIMMERN

05/01/2007

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: DPT ( ) Delete  
Name: LOVELL, W. ADRIAN  
Address: 880 NORTH REUS STREET  
City-St-Zip: PENSACOLA, FL 32501

Title: VS ( ) Delete  
Name: CARSON, JOSEPH E  
Address: 880 NORTH REUS STREET  
City-St-Zip: PENSACOLA, FL 32501

Title: D ( ) Delete  
Name: LOVELL, VIRGINIA  
Address: 880 NORTH REUS STREET  
City-St-Zip: PENSACOLA, FL 32501

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: WILLIAM A LOVELL

DPT

05/01/2007

Electronic Signature of Signing Officer or Director

Date