

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 22, 2008 8:00 am
Secretary of State

05-22-2008 90018 015 ****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 - No P.O. Box # 908 Gardengate Cir Suite, Apt. #, etc.		3. Mailing Address 908 Gardengate Cir Suite, Apt. #, etc.	
City & State Pensacola FL Zip 32504		City & State Pensacola FL Zip 32504	
Country Columbia		Country Columbia	
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) 908 Gardengate Circle City Pensacola FL Zip Code 32504	
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.</small>		DATE Apr. 22, 2008 <small>(NOTE: Registered Agent signature required when renewing)</small>	
Filing Fee is \$61.25 Due by May 1, 2008		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 NAME STREET ADDRESS CITY-ST-ZIP	PD GEBBIE, GARY 8019 HEIRLOOM DR PENSACOLA, FL 32514	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD DORMAN, JULIE 7951 NEIRLOOM DR PENSACOLA, FL 32514	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD THOMAS, SHAY 80033 STONEBROOK DR PENSACOLA, FL 32514	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CARTER, KATIE 8050 HEIRLOOM DR PENSACOLA, FL 32514	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD SHUTE, HAL 7965 STONEBROOK DR PENSACOLA, FL 32514	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Change <input 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 like empowered.			
SIGNATURE:		Date 4-10-08 Daytime Phone # 850-474-2611	