

# **2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N01000006088

**FILED**  
**Mar 21, 2010**  
**Secretary of State**

**Entity Name:** PEAKE'S POINT HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

17 W CEDAR ST  
SUITE 3  
PENSACOLA, FL 32502

**New Principal Place of Business:**

718 PEAKES POINT DRIVE  
GULF BREEZE, FL 32561

**Current Mailing Address:**

POST OFFICE BOX 894  
GULF BREEZE, FL 325629998

**New Mailing Address:**

**FEI Number:** 59-3750274

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

DANNHEISSER, MATT  
504 NORTH BAYLEN STREET  
PENSACOLA, FL 32501 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: DP  
Name: SIMONDS, CHARLES T  
Address: 718 PEAKE'S POINT DRIVE  
City-St-Zip: GULF BREEZE, FL 32561

Title: DVP  
Name: DANNHEISSER, MATT E  
Address: 504 NORTH BAYLEN STREET  
City-St-Zip: PENSACOLA, FL 32501

Title: DST  
Name: SIMONDS, JUDY M  
Address: 718 PEAKE'S POINT DRIVE  
City-St-Zip: GULF BREEZE, FL 32561

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: CHARLES T SIMONDS

PRES

03/21/2010

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

\_\_\_\_\_  
Date