

2012 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
Mar 28, 2012
Secretary of State

DOCUMENT# N06000002860

Entity Name: FOWLER PLACE HOMEOWNERS ASSOCIATION, INC.**Current Principal Place of Business:**4615 CENTRAL AVE.
SAINT PETERSBURG, FL 33713**New Principal Place of Business:**1565 OAK DRIVE
GULF BREEZE, FL 32563**Current Mailing Address:**4615 CENTRAL AVE
ST. PETERSBURG, FL 33713**New Mailing Address:**P.O. BOX 1145
GULF BREEZE, FL 32563**FEI Number:** 20-5413300**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**HOTZ, SANDRA
4615 CENTRAL AVE.
SAINT PETERSBURG, FL 33713 US**Name and Address of New Registered Agent:**MANUEL, ITURRALDE
1565 OAK DRIVE
GULF BREEZE, FL 32563 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: MANUEL ITURRALDE

03/28/2012

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D/P
Name: ITURRALDE, MANUEL
Address: P.O. BOX 1145
City-St-Zip: GULF BREEZE, FL 32563

Title: D/S
Name: HERRING, KENT
Address: 403 SHORELINE DR.
City-St-Zip: GULF BREEZE, FL 32563

Title: D/VP
Name: WILLIAMS, JUSTIN
Address: 6536 WHITE OAK DRIVE
City-St-Zip: PENSACOLA, FL 32503

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: MANUEL ITURRALDE

D/P

03/28/2012

Electronic Signature of Signing Officer or Director

Date