

**2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 730559

**Entity Name:** NORTH HILL PRESERVATION ASSOCIATION, INC.

**Current Principal Place of Business:**

14 E. GONZALEZ STREET  
PENSACOLA, FL 32501

**FILED**  
**Apr 19, 2014**  
**Secretary of State**  
**CC9739789687**

**Current Mailing Address:**

P.O. BOX 12451  
PENSACOLA, FL 32591-2451

**FEI Number: 23-7437278**

**Certificate of Status Desired: No**

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

MOORE, HILL & WESTMORELAND  
ATTENTION: GEORGE R. MEAD, II ATTORNEY  
220 W. GARDEN ST., 9TH FLOOR  
PENSACOLA, FL 32501 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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title            PRESIDENT, DIRECTOR  
Name            NICHOLS, MELANIE  
Address        14 E. GONZALEZ STREET  
City-State-Zip: PENSACOLA FL 32501

Title            D  
Name            DRAPER, JONATHAN  
Address        1420 N. BAYLEN ST.  
City-State-Zip: PENSACOLA FL 32501

Title            TREASURER, DIRECTOR  
Name            ENDACOTT, NICOLE  
Address        300 WEST GONZALEZ STREET  
City-State-Zip: PENSACOLA FL 32501

Title            D  
Name            MARTIN, RON  
Address        254 W. GONZALEZ ST.  
City-State-Zip: PENSACOLA FL 32501

Title            VP, DIRECTOR  
Name            FISHER, SCOTT  
Address        222 W. LA RUA ST.  
City-State-Zip: PENSACOLA FL 32501

Title            D  
Name            STEVE, SHUTT  
Address        400 W. GONZALEZ ST.  
City-State-Zip: PENSACOLA FL 32501

Title            SECRETARY, DIRECTOR  
Name            BARROWS, MARY BETH  
Address        9 W. LLOYD STREET  
City-State-Zip: PENSACOLA FL 32501

Title            DIRECTOR  
Name            NORMAND, BILL  
Address        315 W. GADSDEN STREET  
City-State-Zip: PENSACOLA FL 32501

**Continues on page 2**

*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: NICOLE ENDACOTT**

**TREASURER**

**04/19/2014**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title DIRECTOR  
Name MCBRIDE, KATHLEEN  
Address 320 W. LLOYD STREET  
City-State-Zip: PENSACOLA FL 32501

Title DIRECTOR  
Name GORDON, ELISE  
Address 900 N. SPRING STREET  
City-State-Zip: PENSACOLA FL 32501

Title DIRECTOR  
Name HART, DEBORAH  
Address 814 N. BARCELONA STREET  
City-State-Zip: PENSACOLA FL 32501

Title DIRECTOR  
Name WHITAKER, DON  
Address 1125 N. BAYLEN STREET  
City-State-Zip: PENSACOLA FL 32501

Title DIRECTOR  
Name ALLEN, JOAN  
Address 380 W. BRAINERD STREET  
City-State-Zip: PENSACOLA FL 32501