

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 18, 2008 8:00 am
Secretary of State

03-18-2008 90019 011 ****61.25

DOCUMENT # 729275

1. Entity Name
LAVALLET TOWNHOUSE ASSOCIATION, INC.



Principal Place of Business
MONTGOMERY MANAGEMENT ASSOCIATES, INC.
33 SO. 9TH AVE.
PENSACOLA, FL 32591

Mailing Address
P. O. BOX 12507
PENSACOLA, FL 32591

40090000



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

02052008 Chg-NP CR2E037 (12/06)

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. FEI Number
59-2244662

Applied For
Not Applicable

City & State

City & State

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

Zip Country

Zip Country

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MOODY, SUSAN
33 SO. 9TH AVE.
PENSACOLA, FL 32502

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Susan L. Moody

2/26-08

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$61.25
Due by May 1, 2008

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	BREWTON, BILLY	
STREET ADDRESS	4300 W. FRANCISCO RD. #39	
CITY-ST-ZIP	PENSACOLA, FL 32504	
TITLE	DVP	<input type="checkbox"/> Delete
NAME	FOWLER, RICHARD	
STREET ADDRESS	4300 W. FRANCISCO RD. #34	
CITY-ST-ZIP	PENSACOLA, FL 32504	
TITLE	DT	<input type="checkbox"/> Delete
NAME	ARBOGAST, LURTY	
STREET ADDRESS	4300 W. FRANCISCO ROAD #38	
CITY-ST-ZIP	PENSACOLA, FL 32504	
TITLE	D	<input type="checkbox"/> Delete
NAME	PERCIVEL, MARY	
STREET ADDRESS	4300 W. FRANCISCO RD. #1	
CITY-ST-ZIP	PENSACOLA, FL 32504	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	SPARROW, WYLDIA	
STREET ADDRESS	4300 W. FRANCISCO RD. #38	
CITY-ST-ZIP	PENSACOLA, FL 32504	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	RIMMERMAN, STACEY	
STREET ADDRESS	4300 W. FRANCISCO ROAD #28	
CITY-ST-ZIP	PENSACOLA, FL 32504	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Jim Dumbly	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Penny Rosenau	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Bernard Miramon	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/24/08