

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 730559

FILED
Jan 26, 2009
Secretary of State

Entity Name: NORTH HILL PRESERVATION ASSOCIATION, INC.

Current Principal Place of Business:

1011 NORTH REUS STREET
PENSACOLA, FL 32501

New Principal Place of Business:

1308 N BARCELONA STREET
PENSACOLA, FL 32501

Current Mailing Address:

P.O. BOX 12451
PENSACOLA, FL 325912451

New Mailing Address:

FEI Number: 23-7437278

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WILHELM, STEPHANIE C
1011 N. REUS STREET
PENSACOLA, FL 32501 US

Name and Address of New Registered Agent:

WATSON, BESSANN
1308 N BARCELONA STREET
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: BESSANN WATSON

01/26/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: WATSON, BESSANN H
Address: 1308 N BARCELONA STREET
City-St-Zip: PENSACOLA, FL 32501

Title: TD () Delete
Name: HARTGER, DONNA
Address: 29 W LLOYD STREET
City-St-Zip: PENSACOLA, FL 32501

Title: VD () Delete
Name: GROOM, PASHIA
Address: 304 W GADSDEN STREET
City-St-Zip: PENSACOLA, FL 32501

Title: SD () Delete
Name: SALVAGGIO, JOHN
Address: 1023 N SPRING STREET
City-St-Zip: PENSACOLA, FL 32501

Title: PPD (X) Delete
Name: WILHELM, STEPHANIE C
Address: 1011 N REUS STREET
City-St-Zip: PENSACOLA, FL 32501

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: SD (X) Change () Addition
Name: MELANCON, JENA
Address: 914 N BAYLEN STREET
City-St-Zip: PENSACOLA, FL 32501

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: BESSANN WATSON

PRES

01/26/2009

Electronic Signature of Signing Officer or Director

Date