

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 747507

FILED  
Jan 14, 2009  
Secretary of State

**Entity Name:** VILLAS ON THE GULF CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

1625 BULEVAR MAYOR  
OFFICE  
PENSACOLA BCH, FL 32561

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 787  
GULF BREEZE, FL 32561

**New Mailing Address:**

PO BOX 787  
GULF BREEZE, FL 32562

**FEI Number:** 59-1956416

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

BROWN, TONY  
1095 COMMONWEALTH ROAD  
PENSACOLA, FL 32504 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: P ( ) Delete  
Name: HOGAN, KIM  
Address: 1625 BULEVAR MAYOR F-1  
City-St-Zip: PENSACOLA BEACH, FL 32561

Title: T ( ) Delete  
Name: RAINES, KEITH  
Address: 1625 BULEVAN MANOR J-4  
City-St-Zip: GULF BREEZE, FL 32561

Title: S ( ) Delete  
Name: MCCABE, PAT J-9  
Address: 1025 BULEVAR MAYOR  
City-St-Zip: PENSACOLA, FL 32521

Title: VP ( ) Delete  
Name: HORKY, ALAN K-8  
Address: 1625 BULAVAR MAYOU  
City-St-Zip: PENSACOLA BEACH, FL 32561

**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: ( ) 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: KIM HOGAN

P

01/14/2009

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

\_\_\_\_\_  
Date