
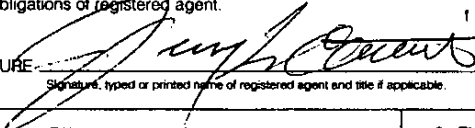
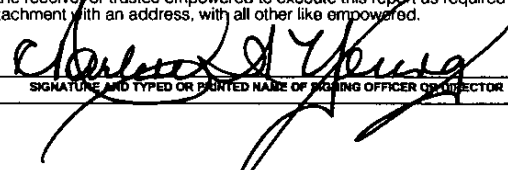


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 12, 2007 8:00 am**  
**Secretary of State**

03-12-2007 90097 002 \*\*\*\*61.25

<b>DOCUMENT # 749124</b> 1. Entity Name <b>INTENDENT OWNERS ASSOCIATION, INC.</b>			
Principal Place of Business <b>117 CALLE DE SANTIAGO PENSACOLA, FL 32502</b>		Mailing Address <b>117 CALLE DE SANTIAGO PENSACOLA, FL 32502</b>	
2. Principal Place of Business - No P.O. Box # <b>122 Calle de Santiago</b>		3. Mailing Address <b>122 Calle de Santiago</b>	
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 	
City & State <b>Pensacola, FL</b>		City & State <b>PENSACOLA, FL</b>	
Zip <b>32502-6503</b>		Zip <b>32502-6502</b>	
Country <b>USA</b>		Country <b>USA</b>	
4. FEI Number <b>59-2201841</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>FITZSIMMONS, FRANK 117 CALLE DE SANTIAGO PENSACOLA, FL 32502</b>		7. Name and Address of New Registered Agent Name <b>Jenny Cailloux</b> Street Address (P.O. Box Number is Not Acceptable) <b>128 Calle de Santiago</b> City <b>Pensacola</b> <b>FL</b> Zip Code <b>32502</b>	
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 		<b>Jenny Cailloux, President 1-26-07</b> <small>(NOTE: Registered Agent signature required when reinstating)</small>	
<b>Filing Fee is \$61.25 Due by May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
Make check payable to <b>Florida Department of State</b>			
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD FITZSIMMONS, FRANK 117 CALLE DE SANTIAGO PENSACOLA, FL 32502	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD YOUNG, MARLENE 122 CALLE DE SANTIAGO PENSACOLA, FL 32502	<input type="checkbox"/> Delete	PD Jenny Cailloux 128 Calle de Santiago Pensacola, FL 32502
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD GROVE, LEAH 109 CALLE DE SANTIAGO PENSACOLA, FL 32502	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: 		<b>1-26-07 850-433-4438</b> <small>Date Daytime Phone #</small>	