

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 26, 2007 08:00 AM
Secretary of State

DOCUMENT # 754783

1. Entity Name
**SPANISH OAKS MANOR HOME OWNERS ASSOCIATION,
INC.**



Principal Place of Business
**6027 SPANISH OAK DR
PENSACOLA, FL 32526 US**

Mailing Address
**6027 SPANISH OAK DR
PENSACOLA, FL 32526 US**



03042007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
NOT APPLICABLE

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**SOUTHGATE, GREGG V
6027 SPANISH OAK DRIVE
PENSACOLA, FL 32526**

**DO NOT WRITE
IN THIS SPACE**

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 _____

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, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P
ANDRES, RICHARD
6027 SPANISH OAK DR.
PENSACOLA, FL 32526**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VP
THOMAS, DEBBIE
6033 SPANISH OAK DR
PENSACOLA, FL 32526**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
PARMARTER, SAM
6277 SAUFLEY PINES RD
PENSACOLA, FL 32526**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
BETTAGLIA, TERRY C
6030 SPANISH OAK DR
PENSACOLA, FL 32526**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
HALL, RON
6161 SAUFLEY PINES ROAD
PENSACOLA, FL 32526**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**T
SOUTHGATE, MOLLIE M
6027 SPANISH OAK DR
PENSACOLA, FL 32526**

UD00000735206
05/10/07-80024-015 61.25

**DO NOT WRITE
IN THIS SPACE**

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: _____

Mollie M. Southgate
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MOLLIE M. SOUTHGATE 4/25/07 850-453-7649

Date

Daytime Phone #