



# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 22, 2007 8:00 am**  
**Secretary of State**

01-22-2007 90102 030 \*\*\*\*61.25

<b>DOCUMENT # 759329</b> 1. Entity Name <b>STARBOARD VILLAGE OWNERS ASSOCIATION, INC.</b>					
Principal Place of Business <b>1111 FORT PICKENS ROAD</b> <b>GULF BREEZE, FL 32561 US</b>			Mailing Address <b>PO BOX 1348</b> <b>GULF BREEZE, FL 32562 US</b>		
2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <b>59-2111734</b>	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>REALTY MASTERS OF FL.</b> <b>6704 C PLANTATION RD</b> <b>PENSACOLA, FL 32504</b>				7. Name and Address of New Registered Agent Name <b>Realty Masters of FL</b> Street Address (P.O. Box Number is Not Acceptable) <b>1719 North 9th Ave</b> City <b>Pensacola</b> <b>FL</b> Zip Code <b>32503</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 <i>Pamela Aiken</i> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$61.25</b> <b>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>		<b>Make check payable to</b> <b>Florida Department of State</b>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BOESCH, LLOYD 8766 THUNDERBIRD PENSACOLA, FL 32514	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D William Martin P.O. Box 181 Gulf Breeze FL 32562	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MOORE, DON PO BOX 10038 PENSACOLA, FL 32524	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD Mark Fricks 3041 Eagle Point Road Pace FL 32571	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MIDDLETON, KEN 5291 MOUNTAIN RIDGE CIRCLE SUGAR HILL, GA 30578	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD Mark Fricks 3041 Eagle Point Road Pace FL 32571	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P FORSTER, MIKE PO BOX 808 LOUISVILLE, MS 39339	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD Mark Fricks 3041 Eagle Point Road Pace FL 32571	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD CANNON, JEANNIE 1522 CORAL LANE GULF BREEZE, FL 32563	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD Mark Fricks 3041 Eagle Point Road Pace FL 32571	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<del>SD</del> <del>CANNON, JEANNIE</del> <del>1522 CORAL LANE</del> <del>GULF BREEZE, FL 32563</del>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD Mark Fricks 3041 Eagle Point Road Pace FL 32571	<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: <i>Jeannie Cannon</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
<small>Date Daytime Phone #</small>					