



2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2008 8:00 am
Secretary of State

04-28-2008 90331 001 ****61.25

DOCUMENT # 762473 1. Entity Name DEEP WATER COVE OWNERS ASSOCIATION, INC.					
Principal Place of Business 3298 SUMMIT BLVD. STE. 4 PENSACOLA, FL 32503 US			Mailing Address 3298 SUMMIT BLVD. STE. 4 PENSACOLA, FL 32503 US		
2. Principal Place of Business - No P.O. Box # 908 Gardengate Cir Suite, Apt. #, etc.		3. Mailing Address 908 Gardengate Cir Suite, Apt. #, etc.		CK # <u>1805</u> 40083850 	
City & State Pensacola, FL		City & State Pensacola, FL		4. FEI Number 36-3189072	
Zip 32504		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ETHERIDGE, RAY O. 3298 SUMMIT BLVD. STE. 4 PENSACOLA, FL 32503				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 908 Gardengate Circle City Pensacola FL Zip Code 32504	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SCHUSTER, PAUL 100 FT PICKENS RD # 102 PENSACOLA BEACH, FL 32561	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD KNOWLES, HALLIE 3156 SONYA MILTON, FL 32571	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BUDZOWSKI, DAVID 110 MATAMORUS DR PENSACOLA BEACH, FL 32561	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BUDZOWSKI, DAVID 110 MATAMORUS DR Pensacola Beach, FL 32561	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD PARTAIN, MARGO 100 FT PICKENS RD # 101 PENSACOLA BCH, FL 32561	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KNOWLES, KENNETH 3156 SONYA MILTON, FL 32571	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD REED, RACHEL 100 FT PICKERS RD #104 PENSACOLA, FL 32561	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Reed, Rachel 100 FT PICKENS RD #104 Pensacola Beach, FL 32561	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D YATES, HELEN 3820 SABER TOOTH CIR. GULF BREEZE, FL 32563	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WIGGINGTON, HAZEL 110 MATAMORUS DR Pensacola Beach, FL 32561	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____ <input type="checkbox"/> Delete	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____ <input type="checkbox"/> Change <input type="checkbox"/> Addition	<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: <u>Hazel Wiggington</u> <u>HAZEL WIGGINGTON</u> <u>(850) 484-2611</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					