

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 31, 2008 8:00 am
Secretary of State

01-31-2008 90034 031 ****61.25

DOCUMENT # 765110	
1. Entity Name COLLEGE HEIGHTS CONDOMINIUM ASSOCIATION, INC.	

Principal Place of Business 2300 W MICHIGAN AVE 19 PENSACOLA FL 32526 US	Mailing Address 2300 W MICHIGAN AVE 19 PENSACOLA FL 32526 US
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2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State	4. FEI Number 59-2249983	Applied For ☐ Not Applicable
Zip	Country	Zip	Country



1st MOORE CR2E037 (10/07)

6. Name and Address of Current Registered Agent POINTS, DONNA J 2300 W MICHIGAN AVE 19 PENSACOLA FL 32526	
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7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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 *Dianne L Youngblood* *DIANNE L Youngblood* *TREASURER*
Signature, typed or printed name of registered agent and the corporation. (NOTE: Registered Agent signature is required when changing.) DATE

FILE NOW: FEE IS \$61.25 Due By May 1, 2008	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD RUMINSKI, STEPHEN 4253 BROOKSIDE DRIVE PENSACOLA FL 32503 ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD DUNSON, BRIAN 1709 ENCINA WAY MILTON FL 32583 ☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD POGUE, DELARIAN 3202 SAMANTHA DRIVE CANTONMENT FL 32533 ☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TS YOUNGBLOOD, DIANNE L 6826 EAST GATE ROAD MILTON FL 32570 ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD POGUE, DELARIAN 3202 SAMANTHA DRIVE CANTONMENT FLORIDA 32533 ☒ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD KRISTAN, WARREN 2811 LANGLEY AVE. #209 PENSACOLA, FLORIDA 32504 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *Dianne L Youngblood* *DIANNE L. Youngblood* *Treasurer*