2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 23, 2005 8:00 am
Secretary of State
03-23-2005 90047 036 ***150.00

DOCUMENT # F28772

1. Entity Name
AMERICAN REALTY OF NORTHWEST FLORIDA, INC.

40037365

Principal Place of Business	Mailing Address
1270 N EGLIN PARKWAY SHALIMAR, FL 32579	1270 N EGLIN PARKWAY SHALIMAR, FL 32579

02182005 Chg-P CR2E034 (10/03)

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 59-2087359 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
FRAZIER, GLORIA K 1270 N EGLIN PARKWAY BOX 875 SHALIMAR, FL 32579	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P FRAZIER, GLORIA K 11 GRANDVIEW DR SHALIMAR, FL 32579	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V INNESS, BEVERLY D 9 DORAL DRIVE SHALIMAR, FL 32579	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V ~~DAVIDSON~~ Hughes, DAWN C P.O. BOX 726 N/A SHALIMAR, FL 32579	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Dawn Hughes	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V BUCHANAN, DOROTHY H P.O. BOX 875 N/A SHALIMAR, FL 32879	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	see attached sheets for additional officers	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	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 exemption stated in Section 119.07(3)(i), 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 607, 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: Gloria K Frazier 3/18/05 850 651-2454
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

ATTACHMENT
#F28772 400373655

MANAGEMENT INFORMATION

Last Name	First	Middle	Title	Suffix
Wilhelm	Kathleen	S	Mrs.	

Office Held	Percentage of Ownership	Active	Non-Active
Vice-President	0%	☒	☐

RESIDENCE ADDRESS

Street Address or P.O. Box			
5550 Flatwoods Dr			
City: Crestview	State: Fl	Zip Code (+4 optional): 32536	
County (if Florida address): Okaloosa	Country: USA		

MANAGEMENT INFORMATION

Last Name	First	Middle	Title	Suffix
Parker	Sharon	K.	Mrs.	

Office Held	Percentage of Ownership	Active	Non-Active
Vice-President	0%	☒	☐

RESIDENCE ADDRESS

Street Address or P.O. Box			
315 Yacht Club Drive			
City: Fort Walton Beach	State: Fl	Zip Code (+4 optional): 32548	
County (if Florida address): Okaloosa	Country: USA		

MANAGEMENT INFORMATION

Last Name	First	Middle	Title	Suffix
Stauskas	Catherine	P.	Mrs.	

Office Held	Percentage of Ownership	Active	Non-Active
Vice-President	0%	☒	☐

RESIDENCE ADDRESS

Street Address or P.O. Box			
36 Marlborough			
City: Shalimar	State: Fl	Zip Code (+4 optional): 32579	
County (if Florida address): Okaloosa	Country: USA		

MANAGEMENT INFORMATION

Last Name	First	Middle	Title	Suffix
Sears	Sandra	J.	Mrs.	

Office Held	Percentage of Ownership	Active	Non-Active
Vice-President	0%	☒	☐

RESIDENCE ADDRESS

Street Address or P.O. Box			
675 Fairway Avenue			
City: Fort Walton Beach	State: Fl	Zip Code (+4 optional): 32547	
County (if Florida address):	Country:		

Attach additional sheets as necessary

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DBPR 0040 – Officers and Directors

Florida's Future... Right Here. Right Now.

STATE OF FLORIDA
DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION
NOTE – This form must be submitted as part of an application packet

Please provide information on the partners, managers, officers, or directors for your business entity below.

ORGANIZATION NAME
Name of Organization: American Realty of Northwest Florida, Inc.
D/B/A or Trade Name:

LIMITED LIABILITY CORPORATION QUESTIONS
If your corporation is a limited liability corporation (LLC), is the corporation member managed or manager managed? You can check your Articles of Incorporation for this information.
Member Managed ☐ Manager Managed ☐

Please list below all Officers, Directors, Managers, and/or Shareholders with 10% or more interest in the business:

MANAGEMENT INFORMATION				
Last Name: Frazier	First: Gloria	Middle: K.	Title: Mrs.	Suffix:
Office Held: President	Percentage of Ownership: 100%	Active: ☒ Non-Active: ☐		
RESIDENCE ADDRESS				
Street Address or P.O. Box: 11 Grandview Drive				
City: Shalimar		State: Fl	Zip Code (+4 optional): 32579	
County (if Florida address): Okaloosa	Country: USA			

MANAGEMENT INFORMATION				
Last Name: Williams	First: Patricia	Middle: A	Title: Mrs.	Suffix:
Office Held: Vice-President	Percentage of Ownership: 0%	Active: ☒ Non-Active: ☐		
RESIDENCE ADDRESS				
Street Address or P.O. Box: 245 Eldridge Road				
City: Fort Walton Beach		State: Fl	Zip Code (+4 optional): 32547	
County (if Florida address): Okaloosa	Country: USA			

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MANAGEMENT INFORMATION

Last Name	First	Middle	Title	Suffix
Lambert	Pauline	A.R.	Mrs.	

Office Held	Percentage of Ownership	Active / Non-Active
Vice-President	0%	☒ Active ☐ Non-Active

RESIDENCE ADDRESS

Street Address or P.O. Box			
127 Twin Oak Drive			
City	State	Zip Code (+4 optional)	
Crestview	Fl	32536	
County (if Florida address)	Country		
Okaloosa	USA		

MANAGEMENT INFORMATION

Last Name	First	Middle	Title	Suffix
Buchanan	Dorothy	H.	Mrs.	

Office Held	Percentage of Ownership	Active / Non-Active
Vice-President	0%	☒ Active ☐ Non-Active

RESIDENCE ADDRESS

Street Address or P.O. Box			
P.O. Box 875			
City	State	Zip Code (+4 optional)	
Shalimar	Fl	32579	
County (if Florida address)	Country		

MANAGEMENT INFORMATION

Last Name	First	Middle	Title	Suffix
Hughes	Dawn		Mrs.	

Office Held	Percentage of Ownership	Active / Non-Active
Vice-President	0%	☒ Active ☐ Non-Active

RESIDENCE ADDRESS

Street Address or P.O. Box			
941 Harrelson St			
City	State	Zip Code (+4 optional)	
Fort Walton Beach	Fl	32547	
County (if Florida address)	Country		
Okaloosa	USA		

MANAGEMENT INFORMATION

Last Name	First	Middle	Title	Suffix
Randes	Linda	S.	Mrs.	

Office Held	Percentage of Ownership	Active / Non-Active
Vice-President	0%	☒ Active ☐ Non-Active

RESIDENCE ADDRESS

Street Address or P.O. Box			
1947 Woodcrest Ridge			
City	State	Zip Code (+4 optional)	
Fort Walton Beach	Fl	32547	
County (if Florida address)	Country		
Okaloosa	USA		

Attach additional sheets as necessary

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MANAGEMENT INFORMATION

Last Name	First	Middle	Title	Suffix
Frakes	Lucinda	J.	Mrs.	

Office Held	Percentage of Ownership	Active	Non-Active
Vice-President	0%	☒	☐

RESIDENCE ADDRESS

Street Address or P.O. Box: 113 Lisa Marie

City	State	Zip Code (+4 optional)
Shalimar	Fl	32579

County (if Florida address)	Country
Okaloosa	USA

MANAGEMENT INFORMATION

Last Name	First	Middle	Title	Suffix
Parker	Walter	A.	Mr.	

Office Held	Percentage of Ownership	Active	Non-Active
Vice-President	0%	☒	☐

RESIDENCE ADDRESS

Street Address or P.O. Box: 315 Yacht Club Drive

City	State	Zip Code (+4 optional)
Fort Walton Beach	Fl	32548

County (if Florida address)	Country
Okaloosa	USA

MANAGEMENT INFORMATION

Last Name	First	Middle	Title	Suffix
Karcher	Arthur	P.	Mr.	

Office Held	Percentage of Ownership	Active	Non-Active
Vice-President	0%	☒	☐

RESIDENCE ADDRESS

Street Address or P.O. Box: 3769 Misty Way

City	State	Zip Code (+4 optional)
Destin	Fl	32541

County (if Florida address)	Country

MANAGEMENT INFORMATION

Last Name	First	Middle	Title	Suffix
Hoffman	Larry	D.	Mr.	

Office Held	Percentage of Ownership	Active	Non-Active
Vice-President	0%	☒	☐

RESIDENCE ADDRESS

Street Address or P.O. Box: 1517 W. Mariah Way

City	State	Zip Code (+4 optional)
Fort Walton Beach	Fl	32547

County (if Florida address)	Country
Okaloosa	USA

Attach additional sheets as necessary

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MANAGEMENT INFORMATION				
Last Name Stanley	First George	Middle H.	Title Mr.	Suffix
Office Held Vice-President	Percentage of Ownership 0%	Active ☒ Non-Active ☐		
RESIDENCE ADDRESS				
Street Address or P.O. Box 3405 Williams Rd				
City DeFuniak Springs	State Fl	Zip Code (+4 optional) 32433		
County (if Florida address) Walton	Country USA			

MANAGEMENT INFORMATION				
Last Name	First	Middle	Title	Suffix
Office Held	Percentage of Ownership	Active ☐ Non-Active ☐		
RESIDENCE ADDRESS				
Street Address or P.O. Box				
City	State	Zip Code (+4 optional)		
County (if Florida address)	Country			

MANAGEMENT INFORMATION				
Last Name	First	Middle	Title	Suffix
Office Held	Percentage of Ownership	Active ☐ Non-Active ☐		
RESIDENCE ADDRESS				
Street Address or P.O. Box				
City	State	Zip Code (+4 optional)		
County (if Florida address)	Country			

MANAGEMENT INFORMATION				
Last Name	First	Middle	Title	Suffix
Office Held	Percentage of Ownership	Active ☐ Non-Active ☐		
RESIDENCE ADDRESS				
Street Address or P.O. Box				
City	State	Zip Code (+4 optional)		
County (if Florida address)	Country			

Attach additional sheets as necessary