

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 24, 2007 8:00 am
Secretary of State

01-24-2007 90016 029 ***150.00

DOCUMENT # F28772	
1. Entity Name AMERICAN REALTY OF NORTHWEST FLORIDA, INC.	

Principal Place of Business 1270 N EGLIN PARKWAY SHALIMAR, FL 32579	Mailing Address 1270 N EGLIN PARKWAY SHALIMAR, FL 32579
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

40005074



01182007 Chg-P CR2E034 (12/06)

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 FRAZIER, GLORIA K 1270 N EGLIN PARKWAY BOX 875 SHALIMAR, FL 32579	
7. Name and Address of New Registered Agent 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 _____ (NOTE: Registered Agent signature required when reinstalling) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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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 WILHELM, KATHLEEN S 5550 FLATWOODS DRIVE CRESTVIEW, FL 32536 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V HUGHES, DAWN P.O. BOX 726 N/A SHALIMAR, FL 32579 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V HUGHES, DAWN 905 SHALIMAR COVE SHALIMAR FL 32579 ☒ 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	VP FRAKES, LUCINDA J 113 LISA MARIE SHALIMAR, FL 32579 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP WILLIAMS, PATRICIA 245 ELDRIDGE RD FORT WALTON BEACH, FL 32547 ☐ 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 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 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: *Sharon K. Hester* 1/19/07 850 657-2454
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

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Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
01182007		Chg-P CR2E034 (12/06)	
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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.			
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V RANDES, LINDA S. 1797 BRIDGEPORT COLONY LANE FORT WALTON BEACH FL 32547 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V PARKER, SHARON K. 315 YACHT CLUB DRIVE FORT WALTON BEACH FL 32548 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V STAUSKAS, CATHERINE P. 36 MARLBOROUGH SHALIMAR FL 32579 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V SEARS, SANDRA J. 675 FAIRWAY AVENUE FORT WALTON BEACH FL 32547 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V LAMBERT, PAULINE A.R. 127 TWIN OAK DRIVE CRESTVIEW FL 32536 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V DESGRANGES RAMONA J. 71 LAKE LORRAINE CIRCLE SHALIMAR FL 32579 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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SIGNATURE: <i>Gloria K Frazier</i>		11/19/07 850 654 2454	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	

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TITLE	V	☐ Delete	TITLE	☐ Change	☐ Addition
NAME	WALKER, TADRICK PAYNE		NAME		
STREET ADDRESS	12 GRANDVIEW DRIVE		STREET ADDRESS		
CITY-ST-ZIP	SHALIMAR FL 32579		CITY-ST-ZIP		
TITLE	V	☐ Delete	TITLE	☐ Change	☐ Addition
NAME	KARCHER, ARTHUR P.		NAME		
STREET ADDRESS	3769 MISTY WAY		STREET ADDRESS		
CITY-ST-ZIP	DESTIN FL 32541		CITY-ST-ZIP		
TITLE	V	☐ Delete	TITLE	☐ Change	☐ Addition
NAME	STANLEY, GEORGE H.		NAME		
STREET ADDRESS	3405 WILLIAMS ROAD		STREET ADDRESS		
CITY-ST-ZIP	DeFUNIAC SPRINGS FL 32433		CITY-ST-ZIP		
TITLE	V	☐ Delete	TITLE	☐ Change	☐ Addition
NAME	O'DELL KATHLEEN A.		NAME		
STREET ADDRESS	48 LORAL ROAD		STREET ADDRESS		
CITY-ST-ZIP	SANTA ROSA BEACH FL 32459		CITY-ST-ZIP		
TITLE	V	☐ Delete	TITLE	☐ Change	☐ Addition
NAME	MYSHIN, WAYNE		NAME		
STREET ADDRESS	231 ECHO CIRCLE		STREET ADDRESS		
CITY-ST-ZIP	FORT WALTON BEACH FL 32579		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE	☐ Change	☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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SIGNATURE: <i>Gloria K. Frazier</i>			11/19/07 850 651-2454 Date Daytime Phone #		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					