

2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

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

FILED
07 AUG -8 PM 1:13
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



08012007 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 re-registering) DATE _____

Amended AR is \$61.25

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

10. OFFICERS AND DIRECTORS

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	V WILHELM, KATHLEEN S 5550 FLATWOODS DRIVE CRESTVIEW, FL 32536 ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V HUGHES, DAWN 905 SHALIMAR COVE SHALIMAR, FL 32579 ☐ Delete
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	VP FRANKS, LUCINDA J 113 LISA MARIE SHALIMAR, FL 32579 ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP WILLIAMS, PATRICIA 245 ELDRIDGE RD FORT WALTON BEACH, FL 32547 ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	Lynda Darham Walker 2338 Tumbleweed Dr. Navarre, FL 32566 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ 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 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: [Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/31/07 850 651-2454
Date Daytime Phone #

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

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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	Zip	Country

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	
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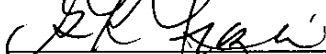
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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	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 240 BROOKS STREET A-401 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 858 VAN DYKE DRIVE 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:  7/31/07 850 657-2457
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

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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	Zip	Country

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

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	V ☐ Delete WALKER, TADRICK PAYNE 12 GRANDVIEW DRIVE SHALIMAR FL 32579	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
TITLE	V ☐ Delete KARCHER, ARTHUR P. 3769 MISTY WAY DESTIN FL 32541	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
TITLE	V ☐ Delete STANLEY, GEORGE H. 3405 WILLIAMS ROAD DeFUNDIAK SPRINGS FL 32433	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
TITLE	V ☐ Delete O'DELL KATHLEEN A. 48 LORAL ROAD SANTA ROSA BEACH FL 32459	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
TITLE	V ☐ Delete MYSHIN, WAYNE 231 ECHO CIRCLE FORT WALTON BEACH FL 32579	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		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: *SK* 7/31/07 850 657-2454
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #