

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 03, 2006 8:00 am**  
**Secretary of State**

05-03-2006 90245 011 \*\*\*\*61.25

**DOCUMENT # N00000000359**

1. Entity Name  
210 E. GOVERNMENT OWNERS ASSOCIATION, INC.



Principal Place of Business  
216 EAST GOVERNMENT STREET  
PENSACOLA, FL 32502

Mailing Address  
216 EAST GOVERNMENT STREET  
PENSACOLA, FL 32502

**20044210**



2. Principal Place of Business

3. Mailing Address

99 S. ALCANTAZ ST.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SUITE A

City & State

City & State

PENSACOLA, FL

Zip

Country

Zip

Country

32502 USA

03062006

Chg-NP

CR2E037 (11/05)

4. FEI Number  
90-0065774

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

HOLMES, ROBERT G  
99 S. ALCANTAZ ST  
STE A  
PENSACOLA, FL 32502

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$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 PD  
STREET ADDRESS HOLMES, ROBERT G  
CITY - ST - ZIP 99 S ALCANTAZ ST STE A  
PENSACOLA, FL 32502 ☐ Delete

TITLE  
NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME ☐ Change ☐ Addition  
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TITLE  
NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY - ST - ZIP

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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-6-06 850-444-9800

Date

Daytime Phone #