

**2006 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**

**Apr 14, 2006 08:00 AM  
Secretary of State**

DOCUMENT # N00000001768

1. Entity Name

LONG HOLLOW NEIGHBORHOOD ASSOCIATION, INC.



Principal Place of Business

105 E DE SOTO ST  
PENSACOLA, FL 32501

Mailing Address

105 E DE SOTO ST  
PENSACOLA, FL 32501



04102006 No Chg-NP

CR2E037 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number

59-3633199

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

MACNEIL, MICHELLE R  
105 E DE SOTO ST  
PENSACOLA, FL 32501

**DO NOT WRITE  
IN THIS SPACE**

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

10. OFFICERS AND DIRECTORS

TITLE D  
NAME MACNEIL, MICHELLE  
STREET ADDRESS 105 E DE SOTO ST  
CITY - ST - ZIP PENSACOLA, FL 32501

TITLE D  
NAME BRUSTER, JOESPH  
STREET ADDRESS 810 N GILLEMARD ST  
CITY - ST - ZIP PENSACOLA, FL 32501

TITLE D  
NAME NICHOLS, MELANIE  
STREET ADDRESS 14 E GONZALEZ ST  
CITY - ST - ZIP PENSACOLA, FL 32501

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

U00000508602  
04/28/06-80010-012 61.25

**DO NOT WRITE  
IN THIS SPACE**

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:

*Melanie A. Nichols*

*Melanie A. Nichols*

*11 April 06*

*(850) 221-1586*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #