
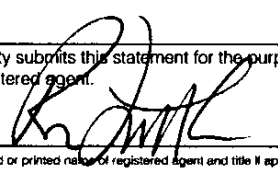
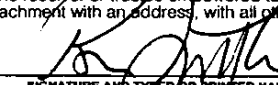


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N00000005393						FILED 08 MAY 28 AM 10:19 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
1. Entity Name PLEASANT RIDGE ESTATES OWNERS ASSOCIATION, INC.				Principal Place of Business 42 BUSINESS CENTRE DRIVE SUITE 401 MIRAMAR BEACH, FL 32550 US			
2. Principal Place of Business - No P.O. Box # 8101 University Pkwy. Suite, Apt. #, etc. Suite B City & State Pensacola, FL Zip 32514				3. Mailing Address 8101 University Pkwy. Suite, Apt. #, etc. Suite B City & State Pensacola, FL Zip 32514			
4. FEI Number 43-1957817				Applied For Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent COOK, JOSEPH M 42 BUSINESS CENTRE DRIVE SUITE 303 MIRAMAR BEACH, FL 32550				7. Name and Address of New Registered Agent Name Ron Tuttle Street Address (P.O. Box Number is Not Acceptable) 8101 University Parkway, Suite B City Pensacola FL Zip Code 32514			
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 Ron Tuttle			
Signature, typed or printed name of registered agent and title if applicable.				(NOTE: Registered Agent signature required when reinstating)			
Filing Fee is \$61.25 Due by September 12, 2008				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DEVARONA, ENRIQUE J <input checked="" type="checkbox"/> Delete 324 CYPRESS BREEZE BLVD SANTA ROSA BEACH, FL 32459			TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Ron Tuttle 8101 University Pkwy. Pensacola, FL 32514		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPS <input checked="" type="checkbox"/> Delete ADKINSON, CHAD M 210 CYPRESS BREEZE BLVD SOUTH SANTA ROSA BEACH, FL 32459			TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Chad Edgar 8101 University Pkwy. Pensacola, FL 32514		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPT <input checked="" type="checkbox"/> Delete ADKINSON, WAYNE 557 WATERVIEW COVE FREEPORT, FL 32439			TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Michelle Porter 8101 University Pkwy. Pensacola, FL 32514		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete M 5/28			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	200130676142 <input type="checkbox"/> Change <input type="checkbox"/> Addition 06/03/08--01015--014 **\$61.25		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 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 Ron Tuttle			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date 5/21/08 Daytime Phone # 850 475-2554			