

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000005393

FILED  
Apr 30, 2009  
Secretary of State

**Entity Name:** PLEASANT RIDGE ESTATES OWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

8101 UNIVERSITY PKWY.  
SUITE B  
PENSACOLA, FL 32514 US

**New Principal Place of Business:**

1801 PENN ST  
SUITE 1A  
MELBOURNE, FL 32901 US

**Current Mailing Address:**

8101 UNIVERSITY PKWY.  
SUITE B  
PENSACOLA, FL 32514 US

**New Mailing Address:**

1801 PENN ST  
SUITE 1A  
MELBOURNE, FL 32901 US

**FEI Number:** 43-1957817

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

TUTTLE, RON  
8101 UNIVERSITY PKWY.  
SUITE B  
PENSACOLA, FL 32514 US

**Name and Address of New Registered Agent:**

DOSS, BONNIE  
1801 PENN ST  
SUITE 1A  
MELBOURNE, FL 32901 US

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.

SIGNATURE: BONNIE DOSS

04/30/2009

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: TUTTLE, RON  
Address: 8101 UNIVERSITY PKWY.  
City-St-Zip: PENSACOLA, FL 32514 US

Title: VD ( ) Delete  
Name: EDGAR, CHAR  
Address: 8101 UNIVERSITY PKWY.  
City-St-Zip: PENSACOLA, FL 32514 US

Title: STD ( ) Delete  
Name: PORTER, MICHELLE  
Address: 8101 UNIVERSITY PKWY.  
City-St-Zip: PENSACOLA, FL 32514 US

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PD (X) Change ( ) Addition  
Name: ULSAKER, JONATHAN  
Address: 1801 PENN ST STE 1A  
City-St-Zip: MELBOURNE, FL 32901 US

Title: VD (X) Change ( ) Addition  
Name: EDGAR, CHAD  
Address: 8101 UNIVERSITY PKWY.  
City-St-Zip: PENSACOLA, FL 32514 US

Title: STD (X) Change ( ) Addition  
Name: DOSS, BONNIE  
Address: 1801 PENN ST STE 1A  
City-St-Zip: MELBOURNE, FL 32901 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BONNIE DOSS

STD

04/30/2009

Electronic Signature of Signing Officer or Director

Date