


**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 19, 2007 8:00 am**  
**Secretary of State**

03-19-2007 90077 038 \*\*\*\*61.25

**DOCUMENT # N0000008211**

1. Entity Name  
 PRESTWICK PLACE HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business  
 215 GRAND BLVD  
 SUITE 200  
 MIRAMAR BEACH, FL 32550 US

Mailing Address  
 215 GRAND BLVD  
 SUITE 200  
 MIRAMAR BEACH, FL 32550 US

90050401



2. Principal Place of Business - No P.O. Box #  
 12273 U.S. Hwy 98  
 Suite, Apt. #, etc. 208

3. Mailing Address  
 12273 U.S. Hwy 98  
 Suite, Apt. #, etc. 208

01092007 Chg-NP CR2E037 (12/06)

City & State  
 Destin FL

City & State  
 Destin FL

Zip  
 32550

Country  
 US

Zip  
 32550

Country  
 US

4. FEI Number  
 59-3698635

Applied For  
 Not Applicable

5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
 GORMLEY, TERRY P  
 215 GRAND BLVD  
 SUITE 200  
 MIRAMAR BEACH, FL 32550

7. Name and Address of New Registered Agent  
 Name: Jim Starnes  
 Street Address (P.O. Box Number is Not Acceptable):  
 Suncoast Assoc. Management, Inc.  
 12273 U.S. Hwy 98, Suite 208  
 City: Destin FL Zip Code: 32550

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:  AGENT  DATE: 2/22/07

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 May 1, 2007

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

TITLE	D	<input type="checkbox"/> Delete
NAME	STONE, JAY	
STREET ADDRESS	1126 PRESTWICK PLACE	
CITY-ST-ZIP	MIRAMAR BEACH, FL 32550	
TITLE	DP	<input type="checkbox"/> Delete
NAME	MANNES, ROBERT	
STREET ADDRESS	PO BOX 1918	
CITY-ST-ZIP	HOLLAND, MI 494221918	
TITLE	D	<input type="checkbox"/> Delete
NAME	MURRELL, CHARLES	
STREET ADDRESS	3828 TIMBERLAINE WAY	
CITY-ST-ZIP	BIRMINGHAM, AL 35243	
TITLE	DST	<input type="checkbox"/> Delete
NAME	LOSSON, KAY	
STREET ADDRESS	8865 WILLOWBRAE LANE	
CITY-ST-ZIP	ROSWELL, GA 30076	
TITLE	DV	<input type="checkbox"/> Delete
NAME	POTTS, TOM	
STREET ADDRESS	315 BELLE LANE	
CITY-ST-ZIP	SAPULPA, OK 74066	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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:  DATE: \_\_\_\_\_ DAYTIME PHONE #: \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR