

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 05, 2007 08:00 AM
Secretary of State

DOCUMENT # N00346

1. Entity Name

**THE VILLAGER HOMEOWNERS' ASSOCIATION OF
PENSACOLA, INC.**



Principal Place of Business

**65 NORTH 69TH AVENUE
PENSACOLA FL 32506
US**

Mailing Address

**65 NORTH 69TH AVENUE
PENSACOLA FL 32506
US**



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2348091

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

1st MOORE

CR2E037 (10/06)

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MILSTEAD, ERIC
51 GATHERING GREEN EAST
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 re-registering)

DATE

**FILE NOW: 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	PD	<input type="checkbox"/> Delete
NAME	MILSTEAD, ERIC N MR.	
STREET ADDRESS	51 GATHERING GREEN EAST	
CITY-STATE-ZIP	PENSACOLA FL 32502	
TITLE	VD	<input type="checkbox"/> Delete
NAME	JONES, STEPHEN M	
STREET ADDRESS	51 GATHERING GREEN EAST	
CITY-STATE-ZIP	PENSACOLA FL 32502	
TITLE	SD	<input type="checkbox"/> Delete
NAME	GREENE, JAMES JR.	
STREET ADDRESS	6304 LONG STREET	
CITY-STATE-ZIP	PENSACOLA FL 32504	
TITLE	T	<input type="checkbox"/> Delete
NAME	MILSTEAD, NORRIS G	
STREET ADDRESS	65 NORTH 69TH STREET AVE	
CITY-STATE-ZIP	PENSACOLA FL 32506	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	U00000622963
CITY-STATE-ZIP	02/13/07-80047-016 61.25
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

Norris G. Milstead / **NORRIS G. MILSTEAD** 2/3/07 850-456-2355

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #