

2008 NOT-FOR-PROFIT CORPORATION -AMENDED ANNUAL REPORT


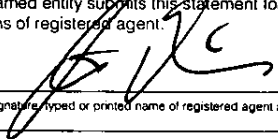
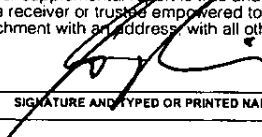
FILED

08 OCT 22 PM 12:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



10162008 Chg-NP CR2E037 (12/06)

DOCUMENT # N01000006088			
1. Entity Name PEAKE'S POINT HOMEOWNERS ASSOCIATION, INC.			
Principal Place of Business 17 W CEDAR ST SUITE 3 PENSACOLA, FL 32502		Mailing Address POST OFFICE BOX 12725 PENSACOLA, FL 32591	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address POST OFFICE BOX 894	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State GULF BREEZE, FL	
Zip	Country	Zip	Country
		32562-9998	U.S.
4. FEI Number 59-3750274		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 CROOKE, BLAIR S 740 PEAKE'S POINT DRIVE GULF BREEZE, FL 32561		7. Name and Address of New Registered Agent Name MATT E. DANHEISSER Street Address (P.O. Box Number is Not Acceptable) 504 NORTH BAYLEN STREET City PENSACOLA FL Zip Code 32501	
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 		MATT E. DANHEISSER 10/16/08	
Signature typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating) DATE	
Amended AR is \$61.25		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP RUSHING, FRANK O 1812 YATES AVE. PENSACOLA, FL 32503 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/P CHARLES T. SIMONS 718 PEAKE'S POINT DRIVE GULF BREEZE, FL 32561 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST FINGER, BRIAN T 2553 FRANK CIRCLE GULF BREEZE, FL 32561 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/VP MATT E. DANHEISSER 504 NORTH BAYLEN STREET PENSACOLA, FL 32501 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP CROOKE, BLAIR S 740 PEAKE'S POINT DRIVE GULF BREEZE, FL 32561 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/S/T JUDY M. SIMONS 718 PEAKE'S POINT DRIVE GULF BREEZE, FL 32561 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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
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
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: 		MATT E. DANHEISSER 10/16/08 (850) 434-7272	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	

10/22/08