

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 04, 2007 8:00 am
Secretary of State

04-04-2007 90176 040 ****61.25

DOCUMENT # N01000007360

1. Entity Name
JAIMEES RIDGE HOMEOWNERS ASSOCIATION, INC.



40049943



Principal Place of Business
**4400 BAYOU BLVD
SUITE 35
PENSACOLA, FL 32503**

Mailing Address
**4400 BAYOU BLVD
SUITE 35
PENSACOLA, FL 32503**

2. Principal Place of Business - No P.O. Box #
1719 N 9th Ave
Suite, Apt. #, etc.

3. Mailing Address
1719 N 9th Ave
Suite, Apt. #, etc.

03162007 Chg-NP CR2E037 (12/06)

City & State
Pensacola, FL
Zip
32503
Country
USA

City & State
Pensacola, FL
Zip
32503
Country
USA

4. FEI Number
52-2367364

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**LONGWELL, TINA
4400 BAYOU BLVD
SUITE 35
PENSACOLA, FL 32503**

7. Name and Address of New Registered Agent

Name **Realty Masters of FL**
Street Address (P.O. Box Number is Not Acceptable)
1719 N 9th Ave.
City **Pensacola** **FL** Zip Code **32503**

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

Pamela A Keen

Pamela A Keen

3/20/07

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**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
NAME **DP** ☒ Delete
STREET ADDRESS **COLLEY, MARSHALL O**
CITY-STATE-ZIP **102 NIGHTINGALE LANE
GULF BREEZE, FL 32561**

TITLE
NAME **DV** ☒ Delete
STREET ADDRESS **HOLCOMB, DAVID**
CITY-STATE-ZIP **128 JOHN KING ROAD, SUITE 18
CRESTVIEW, FL 32539**

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-STATE-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-STATE-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-STATE-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-STATE-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME **President** ☐ Change ☒ Addition
STREET ADDRESS **David Williamson**
CITY-STATE-ZIP **6028 Meursalt Rd
Milton, FL 32570**

TITLE
NAME **Vice President** ☐ Change ☒ Addition
STREET ADDRESS **R.W. Woods**
CITY-STATE-ZIP **4863 Jaimee Leigh Dr.
Milton, FL 32570**

TITLE
NAME **Treasurer** ☐ Change ☒ Addition
STREET ADDRESS **Lloyd Fraser**
CITY-STATE-ZIP **6035 Meursalt Rd.
Milton, FL 32570**

TITLE
NAME **ARC** ☐ Change ☒ Addition
STREET ADDRESS **Michael Woodworth Sr.**
CITY-STATE-ZIP **6034 Meursalt Rd.
Milton, FL 32570**

TITLE
NAME **Secretary** ☐ Change ☒ Addition
STREET ADDRESS **Lesley Plucinski**
CITY-STATE-ZIP **4773 Jaimee Leigh Dr.
Milton, FL 32570**

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-STATE-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:

David Williamson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-2-07
Date

Daytime Phone #