


**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.**



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**

3. Mailing Address  
**1719 N 9th Ave**

Suite, Apt. #, etc.  
 Suite, Apt. #, etc.

City & State  
**Pensacola, FL**

City & State  
**Pensacola, FL**

Zip Country  
**32503 USA**

Zip Country  
**32503 USA**

**40049923**



03162007 Chg-NP CR2E037 (12/06)

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 STREET ADDRESS CITY-ST-ZIP	DP COLLEY, MARSHALL O 102 NIGHTINGALE LANE GULF BREEZE, FL 32561	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV HOLCOMB, DAVID 128 JOHN KING ROAD, SUITE 18 CRESTVIEW, FL 32539	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	President David Williamson 6028 Meursalt Rd Milton, FL 32570	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President R.W. Woods 4863 Jaimee Leigh Dr. Milton, FL 32570	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer Lloyd Fraser 6035 Meursalt Rd. Milton, FL 32570	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ARC Michael Woodworth Sr. 6034 Meursalt Rd. Milton, FL 32570	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary Lesley Plucinski 4773 Jaimee Leigh Dr. Milton, FL 32570	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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: *David Williamson* **David Williamson** **4-2-07**

Signature and typed or printed name of signing officer or director Date Daytime Phone #