

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT


FILED
Apr 30, 2008 8:00 am
Secretary of State

04-30-2008 90187 012 ****61.25

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04222008 Chg-NP CR2E037 (12/06)

DOCUMENT # N01000007360					
1. Entity Name JAIMEES RIDGE HOMEOWNERS ASSOCIATION, INC.					
Principal Place of Business 1719 N 9TH AVE PENSACOLA, FL 32503			Mailing Address 1719 N 9TH AVE PENSACOLA, FL 32503		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		4. FEI Number 52-2367364	
				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			7. Name and Address of New Registered Agent		
REALTY MASTERS OF FL 1719 N 9TH AVE PENSACOLA, FL 32503			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: <u>Paul A. Keen</u> 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, 2008		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	P	<input checked="" type="checkbox"/> Delete	TITLE	President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WILLIAMSON, DAVID		NAME	Judy Fraser	
STREET ADDRESS	6028 MEURSALT RD		STREET ADDRESS	6035 Meursalt Rd	
CITY-ST-ZIP	MILTON, FL 32570		CITY-ST-ZIP	Milton, FL 32570	
TITLE	VP	<input checked="" type="checkbox"/> Delete	TITLE	Treasurer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WOODS, R.W.		NAME	Lesley Plucinski	
STREET ADDRESS	4863 JAIMES LEIGH DR		STREET ADDRESS	4773 Jaimee Leigh Dr	
CITY-ST-ZIP	MILTON, FL 32570		CITY-ST-ZIP	Milton, FL 32570	
TITLE	T	<input checked="" type="checkbox"/> Delete	TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FRASER, LLOYD		NAME	Luke Nutt	
STREET ADDRESS	6034 MEURSALT RD		STREET ADDRESS	4886 Jaimee Leigh Dr	
CITY-ST-ZIP	MILTON, FL 32570		CITY-ST-ZIP	Milton, FL 32570	
TITLE	ARC	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WOODWORTH, MICHAEL SR		NAME		
STREET ADDRESS	6034 MEURSALT RD		STREET ADDRESS		
CITY-ST-ZIP	MILTON, FL 32570		CITY-ST-ZIP		
TITLE	S	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PLUCINSKI, LESLEY		NAME		
STREET ADDRESS	4773 JAIMES LEIGH DR		STREET ADDRESS		
CITY-ST-ZIP	MILTON, FL 32570		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: <u>Judy Fraser</u> <u>Judy FRASER</u> 4/28/08 850 623 0198 Signature and typed or printed name of signing officer or director Date Daytime Phone #					