2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N02000007673

1. Entity Name
401 SOUTH PALAFOX CONDOMINIUM OWNERS'
ASSOCIATION, INC.



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Principal Place of Business 17 WEST CEDAR STREET SUITE 3 PENSACOLA, FL 32502			17 W	Mailing Address 17 WEST CEDAR STREET SUITE 3 PENSACOLA, FL 32502							
2. Principal P	Place of Busin	iess	I	ng Address			1,000				
Suite, Apt. #, etc.				Post Office Box 12725 Suite, Apt. #, etc.			01202006	Chg-NP	CR2E037 (11/05	3	
									CR2E037 (11700	·	
City & State				City & State Pensacola, FL			4. FEI Number 56-23301	131		Applied For Not Applicable	
Zip	Zip Countity			Zip Cou 32591 US		intry A			□ \$8.75 / Fee Requ		
	6. Name	and Address of C					7. Name and A	ddress of New Reg	istered Agent		
CARR, JOHN S 17 WEST CEDAR STREET SUITE 3 PENSACOLA, FL 32502				Name Street Addres		ress (P.O. Box Number i	is Not Acceptable)				
				City					FL Zip C	ode	
the obligat	tions of regist		ment for the purpo	ose of changing its	registere	ed office or re	egistered agent, or both,	in the State of Florid	da. I am familiar wi	th, and accept	
SIGNATURE .		or printed name of register	red agent and title if appl	icable. (NOTE	E: Registered	d Agent signature i	required when reinstating)		DATE		
Filing Fee is \$61.25 Due by May 1, 2006				Election Campaign Financing Trust Fund Contribution.		\$5.00 May Be	\$5.00 May Be Added to Fees Make check payable to Florida Department of State				
					Contributi	ion.		Florida	a Department of	State	
10.		lay 1, 2006	ND DIRECTORS		Contributi 11.	ion.	Added to Fees	Florida IGES TO OFFICERS			
10. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Due by M DP CARR, JC 17 WEST	OFFICERS A			11. TITLE NAME STRE	:	Added to Fees			IN 10	
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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:

John S. Carr
President
Schuture and Typed or Printed Name of Signing Officer or Director

4/11/OF (850) 434-2244 Bate Daytime Phone #

FILED

Apr 26, 2006 8:00 am Secretary of State

04-26-2006 90185 011 ****61.25