

**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Apr 17, 2007  
Secretary of State**

DOCUMENT# N02000007673

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

**Current Principal Place of Business:**

17 WEST CEDAR STREET SUITE 3  
PENSACOLA, FL 32502

**New Principal Place of Business:**

**Current Mailing Address:**

POB 12725  
PENSACOLA, FL 32591

**New Mailing Address:**

FEI Number: 56-2330131      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

CARR, JOHN S  
17 WEST CEDAR STREET SUITE 3  
PENSACOLA, FL 32502      US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: DP      ( ) Delete  
Name: CARR, JOHN S  
Address: 17 WEST CEDAR STREET SUITE 3  
City-St-Zip: PENSACOLA, FL 32502

Title: DST      ( ) Delete  
Name: SPENCER, BRIAN K  
Address: 17 WEST CEDAR STREET SUITE 3  
City-St-Zip: PENSACOLA, FL 32502

Title: D      ( ) Delete  
Name: MILLS, GERALD D  
Address: BEULAH RD  
City-St-Zip: PENSACOLA, FL 32526

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOHN S. CARR

PRES

04/17/2007

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date