

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

**FILED**  
**May 01, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # N02000009601**

1. Entity Name  
**THE PEACOCK POINT HOMEOWNERS' ASSOCIATION,  
INC.**



Principal Place of Business

**1217 AIRPORT RD  
SUITE #420  
DESTIN, FL 32541**

Mailing Address

**PO BOX 5452  
DESTIN, FL 32540**

**DO NOT WRITE IN THIS SPACE**



04242007 No Chg-NP CR2E037 (4/06)

4. FEI Number  
**45-0521556**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

**MCGILL, ROBERT E III  
36008 EMERALD COAST PKWY STE 301  
DESTIN, FL 32541**

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IN THIS SPACE**

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 \_\_\_\_\_

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

**10. OFFICERS AND DIRECTORS**

TITLE	D
NAME	SIMS, JOHN
STREET ADDRESS	4516 OLDE PLANTATION PL
CITY-ST-ZIP	DESTIN, FL 32541
TITLE	D
NAME	SIMS, BARBARA
STREET ADDRESS	4516 OLDE PLANTATION PL
CITY-ST-ZIP	DESTIN, FL 32541
TITLE	D
NAME	JOHNSON, WILLIAM J JR
STREET ADDRESS	PO BOX 5452
CITY-ST-ZIP	DESTIN, FL 32540
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE**

U000000752304  
05/21/07-80011-005 61.25

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:** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*William J Johnson*

**04-30-07**

Date

Daytime Phone #