## 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

## **Secretary of State** DOCUMENT # N02133 1. Entity Name 02-20-2006 90054 030 \*\*\*\*61.25 PESCADOR LANDING OWNERS ASSOCIATION, INC. Principal Place of Business Mailing Address 17290 PERDIDO KEY DR. PO BOX 34222 OFFICE UNIT B-2 PENSACOLA FL 32507-9349 OFFICE UNIT B-1 PENSACOLA FL 32507-9349 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E037 (10/05) City & State City & State 4. FEI Number Applied For 59-2382272 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name TEMPLETON, LYNN Street Address (P.O. Box Number is Not Acceptable) 17290 PERDIDO KEY DR B-2 PENSACOLA FL 32507 City 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 SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW: FEE IS \$61.25 9. Election Campaign Financing \$5.00 May Be Make Check Payable to Due By May 1, 2006 Trust Fund Contribution. П Added to Fees Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 STD TITLE ☐ Delete TITLE Change ☐ Addition TEMPLETON, LYNN NAME NAME 17290 PERDIDO KEY DR B2 STREET ADDRESS STREET ADDRESS PENSACOLA FL 32507 CITY-ST-ZIP CITY-ST-ZIP TITLE Detete TITLE Addition GREEN, GARY NAME NAME 5600 RUTH COURT STREET ADDRESS STREET ADDRESS MILTON FL 32583 CITY-ST-ZIP CITY-ST-ZIP PD Delete TITLE ☐ Change Addition NAME THOMAS, JOE NAME 574 AZALEA RD SUITE 125 STREET ADDRESS STREET ADDRESS MOBILE AL 36609 CITY-ST-ZIP CITY-ST-7IP VP D TITLE D Change ☐ Delete TITLE ☐ Addition NAME TANT, JOE NAME TANT, 12 th Ave E STREET ADDRESS 5621 12TH AVE E STREET ADDRESS CITY-ST-ZIP TUSCALOOSA AL 35405 CITY-ST-ZIP 35405 L0054 TITLE ☐ Delete ☐ Change \_\_\_ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Detete Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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.

CITY-ST-ZIP

SIGNATURE: JOAN COA

CITY-ST-ZIP

LYAN Templeton

850-492-9610

FILED

Feb 20, 2006 8:00 am