

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02133

FILED
Jul 10, 2009
Secretary of State

Entity Name: PESCADOR LANDING OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

17290 PERDIDO KEY DR.
OFFICE UNIT B-1
PENSACOLA, FL 325079349 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 34222
OFFICE UNIT B-1
PENSACOLA, FL 325079349 US

New Mailing Address:

PO BOX 34222
PENSACOLA, FL 325079349 US

FEI Number: 59-2382272 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

TEMPLETON, LYNN
17290 PERDIDO KEY DR B-2
PENSACOLA, FL 32507 US

Name and Address of New Registered Agent:

TEMPLETON, LYNN
5680 BALDERAS AVE.
PENSACOLA, FL 32507 US

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: _____

07/10/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: STD () Delete
Name: TEMPLETON, LYNN
Address: 17290 PERDIDO KEY DR B2
City-St-Zip: PENSACOLA, FL 32507

Title: D () Delete
Name: GREEN, GARY
Address: 5600 RUTH COURT
City-St-Zip: MILTON, FL 32583

Title: PD () Delete
Name: TEMPLETON, JOE
Address: 17291 PERDIDO KEY DR. B-2
City-St-Zip: PENSACOLA, FL 32507

Title: VPD () Delete
Name: TANT, MOLLY
Address: 5621 12TH AVE. E
City-St-Zip: TUSCALOOSA, AL 35405

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: STD (X) Change () Addition
Name: TEMPLETON, LYNN
Address: 5680 BALDERAS AV
City-St-Zip: PENSACOLA, FL 32507

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

Title: PD (X) Change () Addition
Name: TEMPLETON, JOE
Address: 5680 BALDERAS AVE.
City-St-Zip: PENSACOLA, FL 32507

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

I hereby certify that the information supplied with this filing does not qualify 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: LYNN TEMPLETON

STD

07/10/2009

Electronic Signature of Signing Officer or Director

Date