


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2004 8:00 am
Secretary of State

04-21-2004 90092 040 ****61.25

| | | | | | |
|---|---|---|---|---|--|
| DOCUMENT # N02971 1. Entity Name PORT ROYAL COMMUNITY ASSOCIATION, INC. | | | |  | |
| Principal Place of Business 24 PORT ROYAL WAY PENSACOLA, FL 32501 | | | Mailing Address P.O. BOX 12711 PENSACOLA, FL 32591-2711 | | |
| 2. Principal Place of Business Suite, Apt. #, etc. | | | 3. Mailing Address Suite, Apt. #, etc. | | |
| City & State | | | City & State | | |
| Zip 32502 | | Country | | 4. FEI Number 59-3582891 | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | | | Applied For <input type="checkbox"/> Not Applicable | |
| 6. Name and Address of Current Registered Agent WARD, SANDRA J 224 E GARDEN STREET PENSACOLA, FL 32501 | | | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 224 E. Garden Street, Ste. 1 City <div style="display: flex; justify-content: space-between;"> FL Zip Code 32502 </div> | |
| 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small> | | | | | |
| Filing Fee is \$61.25 Due by May 1, 2004 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | | \$5.00 May Be Added to Fees | |
| Make check payable to Florida Department of State | | | | | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DPV HEATH, ROBERT N 1220 DUNFORD PLACE PENSACOLA, FL 32503 <div style="text-align: right;"><input type="checkbox"/> Delete</div> | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <div style="text-align: right;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</div> 1220 Durnford Place | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD BREAZEALE, LEIGHTON 504 PORT ROYAL WAY PENSACOLA, FL 32501 <div style="text-align: right;"><input type="checkbox"/> Delete</div> | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <div style="text-align: right;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</div> Pensacola, FL 32502 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D KINSER, RALPH 806 PORT ROYAL WAY PENSACOLA, FL 32501 <div style="text-align: right;"><input type="checkbox"/> Delete</div> | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <div style="text-align: right;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</div> Pensacola, FL 32502 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DS BULLOCK, KEITH 200 S. TARRAGONA PENSACOLA, FL 32501 <div style="text-align: right;"><input type="checkbox"/> Delete</div> | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <div style="text-align: right;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</div> Pensacola, FL 32502 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | TD CARR, JOHN S 17 WEST CEDAR STREET, SUITE #3 PENSACOLA, FL 32501 <div style="text-align: right;"><input type="checkbox"/> Delete</div> | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <div style="text-align: right;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</div> Pensacola, FL 32502 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <div style="text-align: right;"><input type="checkbox"/> Delete</div> | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <div style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</div> | |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: <u>Leighton Breazeale</u> LEIGHTON BREAZEALE <u>4-19-04</u> <u>950 4587556</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small> | | | | | |

44057011



04152004 Chg-NP CR2E037 (10/03)

**\$8.75 Additional
Fee Required**