

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02971

FILED  
Apr 11, 2007  
Secretary of State

**Entity Name:** PORT ROYAL COMMUNITY ASSOCIATION, INC.

**Current Principal Place of Business:**

24 PORT ROYAL WAY  
PENSACOLA, FL 32501

**New Principal Place of Business:**

24 PORT ROYAL WAY  
PENSACOLA, FL 32502

**Current Mailing Address:**

P.O. BOX 12711  
PENSACOLA, FL 325912711

**New Mailing Address:**

**FEI Number:** 59-3582891

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

WARD, SANDRA J  
224 E GARDEN STREET, STE. 1  
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: DPV ( ) Delete  
Name: HEATH, ROBERT N  
Address: 1220 DURNFORD PLACE  
City-St-Zip: PENSACOLA, FL 32503

Title: PD ( ) Delete  
Name: BREAZEAL, LEIGHTON  
Address: 504 PORT ROYAL WAY  
City-St-Zip: PENSACOLA, FL 32502

Title: D ( ) Delete  
Name: KINSER, RALPH  
Address: 306 PORT ROYAL WAY  
City-St-Zip: PENSACOLA, FL 32502

Title: D ( ) Delete  
Name: SMART, WILLIAM  
Address: 34 PORT ROYAL WAY  
City-St-Zip: PENSACOLA, FL 32502

Title: TSD ( ) Delete  
Name: DANNHEISSER, BERTAM  
Address: 47 PORT ROYAL WAY  
City-St-Zip: PENSACOLA, FL 32502

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

Title: D (X) Change ( ) Addition  
Name: HEATH, ROBERT N  
Address: 1220 DURNFORD PLACE  
City-St-Zip: PENSACOLA, FL 32503

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

Title: DVP (X) Change ( ) Addition  
Name: KINSER, RALPH  
Address: 306 PORT ROYAL WAY  
City-St-Zip: PENSACOLA, FL 32502

Title: D (X) Change ( ) Addition  
Name: HINSON, WILLIAM  
Address: 39 PORT ROYAL WAY  
City-St-Zip: PENSACOLA, FL 32502

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: LEIGHTON BREAZEAL

PD

04/11/2007

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date