

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02971

FILED
Apr 26, 2009
Secretary of State

Entity Name: PORT ROYAL COMMUNITY ASSOCIATION, INC.

Current Principal Place of Business:

24 PORT ROYAL WAY
PENSACOLA, FL 32502

New Principal Place of Business:

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

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

Title: D () Delete
Name: HINSON, WILLIAM
Address: 39 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: () Change () Addition
Name:
Address:
City-St-Zip:

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

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

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: LEIGHTON BREAZEAL

PD

04/26/2009

Electronic Signature of Signing Officer or Director

Date