

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000002805

FILED
Apr 30, 2006
Secretary of State

Entity Name: KINGSFIELD COURTYARD HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

4400 BAYOU BLVD
SUITE 35
PENSACOLA, FL 32503

New Principal Place of Business:

Current Mailing Address:

4400 BAYOU BLVD
SUITE 35
PENSACOLA, FL 32503

New Mailing Address:

FEI Number: 54-2108700

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HUDNALL, DUNCAN
5508-B NORTH
PENSACOLA, FL 32505 US

Name and Address of New Registered Agent:

LONGWELL, TINA
4400 BAYOU BLVD
SUITE 35
PENSACOLA, FL 32503 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: TINA LONGWELL

04/30/2006

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: VD () Delete
Name: HUDNALL, DUNCAN
Address: 5508-B NORTH
City-St-Zip: PENSACOLA, FL 32505

Title: PD () Delete
Name: MORRIS, GAIL
Address: 5508-B NORTH
City-St-Zip: PENSACOLA, FL 32505

Title: STD () Delete
Name: STUCK, FRED
Address: 5508-B NORTH
City-St-Zip: PENSACOLA, FL 32505

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: WEAVER, TYRE
Address: 2454 PORTOBELLA PLACE
City-St-Zip: CANTONMENT, FL 32533

Title: VPD (X) Change () Addition
Name: JACKSON, BRIAN
Address: 2497 PORTOBELLA PLACE
City-St-Zip: CANTONMENT, FL 32533

Title: STD (X) Change () Addition
Name: WATSON, PAULA
Address: 2466 PORTOBELLA PLACE
City-St-Zip: CANTONMENT, FL 32533

Title: TD () Change (X) Addition
Name: HICKMAN, TOM
Address: 2424 PORTOBELLA PLACE
City-St-Zip: CANTONMENT, FL 32533

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: TYRE WEAVER

PD

04/30/2006

Electronic Signature of Signing Officer or Director

Date