## 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## **FILED** May 10, 2007 8:00 am Secretary of State DOCUMENT # N03000006863 05-10-2007 90023 006 \*\*\*\*61.25 SPANISH HIGHLANDS HOMEOWNERS ASSOCIATION, INC. Principal Place of Business Mailing Address 3500 ROTHSCHILD DRIVE 3500 ROTHSCHILD DRIVE 40 -PENSACOLA, FL 32503 PENSACOLA, FL 32503 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 05072007 Chq-NP CR2E037 (12/06) City & State City & State 4. FEI Number 51-0482928 Applied For Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired П Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CREEL, BRIAN S Street Address (P.O. Box Number is Not Acceptable) 3500 ROTHSCHILD DRIVE PENSACOLA, FL 32503 Zip Code 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE Filing Fee is \$61.25 9. Election Campaign Financing Make check payable to \$5.00 May Be Trust Fund Contribution. Florida Department of State Due by September 14, 2007 Added to Fees OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 DIPICTOR CD TITLE ☐ Delete TITLE ☐ Change Addition GREG SINGLETON 5440 SPANISH HIGHLANDS DRIVE NAME CREEL, BRIAN S NAME STREET ADDRESS 3500 ROTHSCHILD DRIVE STREET ADDRESS CITY-ST-ZIP PENSACOLA, FL 32503 CITY-ST-ZIP PENSACOLA, FL 32504 TITLE ☐ Delete TITLE ☐ Change ☐ Addition CRAMER, ROXANNE NAME NAME STREET ADDRESS 1617 KALA KAUA CT. STREET ADDRESS CITY-ST-ZIP GULF BREEZE, FL 32563 CITY-ST-ZIP TITLE Delete TITLE ☐ Change ■ Addition SCOTT, ARNOLD NAME NAME STREET ADDRESS 3352 VILLAGE GREEN DRIVE STREET ADDRESS CITY - ST - ZIP PENSACOLA, FL 32571 CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Change ■ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 of powered.

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SIGNATURE: .

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR