

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000006863

FILED  
Feb 17, 2009  
Secretary of State

**Entity Name:** SPANISH HIGHLANDS HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

3500 ROTHSCHILD DRIVE  
PENSACOLA, FL 32503 US

**New Principal Place of Business:**

5446 SPANISH HIGHLANDS DR.  
PENSACOLA, FL 32504 US

**Current Mailing Address:**

3500 ROTHSCHILD DRIVE  
PENSACOLA, FL 32503 US

**New Mailing Address:**

5446 SPANISH HIGHLANDS DR.  
PENSACOLA, FL 32504 US

**FEI Number:** 51-0482928

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

CREEL, BRIAN S  
3500 ROTHSCHILD DRIVE  
PENSACOLA, FL 32503 US

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

WILLIAMSON, PAMELA E  
5446 SPANISH HIGHLANDS DR.  
PENSACOLA, FL 325004 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: PAMELA E. WILLIAMSON

02/17/2009

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: CD ( ) Delete  
Name: CREEL, BRIAN S  
Address: 3500 ROTHSCHILD DRIVE  
City-St-Zip: PENSACOLA, FL 32503 US

Title: D ( ) Delete  
Name: CRAMER, ROXANNE  
Address: 1617 KALA KAUA CT.  
City-St-Zip: GULF BREEZE, FL 32563 US

Title: D ( ) Delete  
Name: SINGLETON, GREG  
Address: 5440 SPANISH HIGHLANDS DRIVE  
City-St-Zip: PENSACOLA, FL 32504

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

Title: CD (X) Change ( ) Addition  
Name: WILLIAMSON, PAMELA E  
Address: 5446 SPANISH HIGHLANDS DR.  
City-St-Zip: PENSACOLA, FL 32504 US

Title: D (X) Change ( ) Addition  
Name: CREEL, BRIAN  
Address: 3500 ROTHSCHILD DR.  
City-St-Zip: GULF BREEZE, FL 32503 US

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: PAMELA E WILLIAMSON

PRES

02/17/2009

Electronic Signature of Signing Officer or Director

Date