## 2006 NOT-FOR-PROFIT CORPORATION

## Apr 12, 2006 8:00 am Secretary of State **DOCUMENT # N04000001137** 04-12-2006 90101 033 \*\*\*\*61 25 HOMBRE GOLF VILLAGE OWNERS ASSOCIATION, INC. Principal Place of Business Mailing Address 151 COYOTE PASS P.O. BOX 9725 PANAMA CITY BEACH, FL 32407 PANAMA CITY BEACH, FL 32407 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. 04042006 Chq-NP CR2E037 (11/05) Applied For City & State 4. FEI Number City & State 20-0848934 Not Applicable Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name PRENTISS, BARBARA W. Street Address (P.O. Box Number is Not Acceptable) 91 HOMBRE CIRCLE PANAMA CITY BEACH, FL 32407 City Zio 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 SIGNATURE (NOTE: Registered Agent signature required when reinstating) Make check payable to Filing Fee is \$61.25 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Florida Department of State Added to Fees Due by May 1, 2006 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. ☐ Addition TITLE ☐ Chance me ☐ Defete MCGRATH, DANIEL NAME NAME STREET ADDRESS 107 HOMBRE CIRCLE STREET ADDRESS PANAMA CITY BEACH, FL 32407 CITY - ST - ZIP CITY-ST-7IP ☐ Change ☐ Addition ☐ Delete TITLE TITLE PRENTISS, BARBARA W. NAME NAME 91 HOMBRE CIRCLE STREET ADDRESS STREET ADDRESS PANAMA CITY BEACH, FL 32407 CITY-ST-ZIP CITY+ST-ZIP VD noitibha 🗀 TITLE Delete TITLE CENTANNI, LINDA NAME NAME 122 TIERRA VERDE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP PANAMA CITY BEACH, FL 32407 CITY-ST-ZIP ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-71P ☐ Delete IIILE ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS

**FILED** 

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 empowered.

CITY-ST-ZIP

CITY-ST-ZIP

SIGNATURE: <u>Barbara W. Prestius</u>