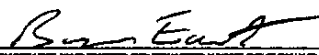


**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 02, 2007 08:00 AM
Secretary of State

DOCUMENT # N04000002679 1. Entity Name PATRIOT PLACE SUBDIVISION HOMEOWNERS ASSOCIATION, INC.			
Principal Place of Business 1012 PATRIOT PLACE PENSACOLA, FL 32534 US		Mailing Address 1012 PATRIOT PLACE PENSACOLA, FL 32534 US	
DO NOT WRITE IN THIS SPACE		 02282007 No Chg-NP CR2E037 (4/06)	
6. Name and Address of Current Registered Agent EAST, BENJAMIN D 1012 PATRIOT PLACE PENSACOLA, FL 32534		DO NOT WRITE IN THIS SPACE	
		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 or trustee, if applicable. (NOTE: Registered Agent signature required when re-electing) DATE			
Filing Fee is \$51.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		U000000655239 03/13/07-80099-005-61.25	
TITLE:	P	DO NOT WRITE IN THIS SPACE	
NAME:	EAST, BENJAMIN D		
STREET ADDRESS:	1012 PATRIOT PLACE		
CITY-ST- ZIP:	PENSACOLA, FL 32534		
TITLE:	VP		
NAME:	WEBB, RICHARD		
STREET ADDRESS:	1006 PATRIOT PLACE		
CITY-ST- ZIP:	PENSACOLA, FL 32534		
TITLE:	T	DO NOT WRITE IN THIS SPACE	
NAME:	EAST, STEPHANIE		
STREET ADDRESS:	1012 PATRIOT PLACE		
CITY-ST- ZIP:	PENSACOLA, FL 32534		
TITLE:			
NAME:			
STREET ADDRESS:			
CITY-ST- ZIP:			
TITLE:		DO NOT WRITE IN THIS SPACE	
NAME:			
STREET ADDRESS:			
CITY-ST- ZIP:			
TITLE:			
NAME:			
STREET ADDRESS:			
CITY-ST- ZIP:			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 1109, 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			
SIGNATURE: 		3/1/07 850-474-0759	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone	