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	Mailing Address
1012 PATRIOT PLACE PENSACOLA, FL 32534 US	1012 PATRIOT PLACE PENSACOLA, FL 32534 US

022382007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
57-1214600
☐ Applied For
☐ Non Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

EAST, BENJAMIN D
1012 PATRIOT PLACE
PENSACOLA, FL 32534

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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's signature required when reinstating) DATE

Filing Fee is $61.25
Due by May 1, 2007

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

U00000655239
03/13/07-80099-005 61.25

10. OFFICERS AND DIRECTORS

TITLE:	P
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
NAME:	EAST, STEPHANIE
STREET ADDRESS:	1012 PATRIOT PLACE
CITY-ST-ZIP:	PENSACOLA, FL 32534
TITLE:	
NAME:	
STREET ADDRESS:	
CITY-ST-ZIP:	
TITLE:	
NAME:	
STREET ADDRESS:	
CITY-ST-ZIP:	
TITLE:	
NAME:	
STREET ADDRESS:	
CITY-ST-ZIP:	

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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.

SIGNATURE: Benjamin East 3/1/07 850-474-0759
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #