2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 13, 2006 08:00 AM
Secretary of State

RECEIVED JAN 24 2006 BY:

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1. Entity Name

MUSCOGEE WHARF HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
1401 E BELMONT STREET PENSACOLA FL 32501	1401 E BELMONT STREET PENSACOLA FL 32501

1st MOORE CR2E037 (10/05)

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 20-1912455 — Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent

MITCHEM, WILLIAM H
501 COMMENDENCIA STREET
PENSACOLA FL 32501

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City FL 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

FILE NOW: FEE IS $61.25 Due By May 1, 2006

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

Make Check Payable to Florida Department of State

10.	OFFICERS AND DIRECTORS		11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	DP	☐ Delete	TITLE		☐ Change ☐ Add
NAME	CRONLEY, JAMES D		NAME		
STREET ADDRESS	1401 E BELMONT STREET		STREET ADDRESS		
CITY-ST-ZIP	PENSACOLA FL 32501		CITY-ST-ZIP		
TITLE	DV	☐ Delete	TITLE		☐ Change ☐ Add
NAME	TERHAAR, AL		NAME		
STREET ADDRESS	1401 E BELMONT STREET		STREET ADDRESS	U00000431725	
CITY-ST-ZIP	PENSACOLA FL 32501		CITY-ST-ZIP	02/23/06-80040-004 61.25	
TITLE	DST	☐ Delete	TITLE		☐ Change ☐ Add
NAME	LEVIN, ALLEN R		NAME		
STREET ADDRESS	TEN PORTFOLIO DR		STREET ADDRESS		
CITY-ST-ZIP	PENSACOLA BEACH FL 32561		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Add
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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TITLE		☐ Delete	TITLE		☐ Change ☐ Add
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

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