

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 14, 2006 08:00 AM**  
**Secretary of State**

DOCUMENT # N04000009417

1. Entity Name

SOARING PROPERTY OWNERS ASSOCIATION, INC.



Principal Place of Business

17 SOUTH PALAFOX PLACE, STE. 394  
PENSACOLA, FL 32591

Mailing Address

P.O. BOX 12358  
PENSACOLA, FL 32501



04042006 No Chg-NP

CR2E037 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number

20-1701294

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

BAKER, RICHARD R  
17 SOUTH PALAFOX PLACE, STE. 394  
PENSACOLA, FL 32591

**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 and State if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2006**

9. Election Campaign Financing  
Trust Fund Contribution.

☐ **\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD  
NAME BAKER, RICHARD R  
STREET ADDRESS 17 SOUTH PALAFOX PLACE, STE. 394  
CITY-STATE-ZIP PENSACOLA, FL 32591

TITLE VD  
NAME WIGGINS, RICKY S  
STREET ADDRESS 17 SOUTH PALAFOX PLACE, STE. 394  
CITY-STATE-ZIP PENSACOLA, FL 32591

TITLE STD  
NAME RIGBY, JENNIFER J  
STREET ADDRESS 17 SOUTH PALAFOX PLACE, STE. 394  
CITY-STATE-ZIP PENSACOLA, FL 32591

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

1107000508619  
04/28/06-80010-022 61.25

**DO NOT WRITE  
IN THIS SPACE**

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:

*Richard L. Baker* Richard L. Baker

4-12-06

850-434-5330

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #