2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

Mar 24, 2008 8:00 am DOCUMENT # N0400009417 Secretary of State 03-24-2008 90046 010 ****61.25 SOARING PROPERTY OWNERS ASSOCIATION, INC. Principal Place of Business Mailing Address 17 SOUTH PALAFOX PLACE, STE. 394 P.O. BOX 12358 PENSACOLA FL 32501 PENSACOLA FL 32591 2. Principal Place of Business - No P.O. Box # Mailing Address 259 Scarina 1259 Soaring BIVL Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E037 (10/07) City & State City & State 4. FEI Number Applied For 20-1701294 antonment Anton ment Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent BAKER, RICHARD R (P.O. Box Number is Not Acceptable 17 SOUTH PALAFOX PLACE, STE. 394 OARING PENSACOLA FL 32591 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. Lam familiar with, and accept the obligations of registered agent. SIGNATURE FILE NOW: FEE IS \$61.25 9. Election Campaign Financing \$5.00 May Be Make Check Payable to Due By May 1, 2008 Trust Fund Contribution. Florida Department of State Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. Doe R. McIntosh PD TITLE TITLE X Delete Change Change BAKER, RICHARD R NAME NAME 1259 SOARING BIND Cantonment, FC 17 SOUTH PALAFOX PLACE, STE. 394 STREET ADDRESS STREET ADDRESS PENSACOLA FL 32591 CITY-ST-ZIP CITY-ST-ZIP *325*33 VD Jennifer J. Rig64 Delete Change WIGGINS, RICKY S NAME NAME 7 palatox place, STE 394 17 SOUTH PALAFOX PLACE, STE. 394 STREET ADDRESS STREET ADDRESS PENSACOLA FL 32591 pensacola CITY-ST-7IP CITY-ST-78 TREASURE STD Delete TITLE TITLE __ Addition RIGBY, JENNIFER J NAME NAME 17 SOUTH PALAFOX PLACE, STE. 394 STREET ADDRESS STREET ADDRESS PENSACOLA FL 32591 CITY-ST-ZIP Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY_ST_7/P CITY- ST- 7(P TITLE ☐ Delete TITLE Change Addition NAME MAME STREET AUDRESS STREET ALI DRESS CITY - ST- ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. Thereby 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

FILED

SIGNATURE: STER R. M. S. JOE R. M. SITTASA 03/01/2008 850 968148

if changed, or on an attachment with an address, with all other like empowered.