Mar. 5. 2008 10:53AM

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

1/23/2

**FILED**
**Mar 20, 2008 8:00 am**
**Secretary of State**
01-23-2008 90008 006 ****61.25

66004446

DOCUMENT # N04000011183

1. Entity Name
INNERARITY TOWNHOME ASSOCIATION, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 15956 INNERARITY RD #5<br>PENSACOLA, FL 32507 | ~~P O BOX 2077~~<br>~~GULF SHORES, AL 36547~~ |

| 2. Principal Place of Business - No P.O. Box # | 3. Mailing Address |
|---|---|
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State | City & State: Pensacola, Florida |
| Zip / Country | Zip: 32507 / County: Escambia |

14758 Perdido Key Dr.

01162008 Chg-NP CR2E037 (12/06)

4. FEI Number: 20-1915882 ☐ Applied For ☐ Not Applicable

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

| 6. Name and Address of Current Registered Agent | 7. Name and Address of New Registered Agent |
|---|---|
| Smith, G. Thomas<br>510 East Zarragossa<br>Pensacola, FL 32502 | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>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) (FOR: Registered Agent signature if required when reinstating) DATE

**Filing Fee is $61.25**
**Due by May 1, 2008**

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 / NAME / STREET ADDRESS / CITY-ST-ZIP | DPT<br>RALEY, SCOTT<br>P O BOX 2077<br>GULF SHORES, AL 36547 PRES. | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | DS<br>NABORS, PAUL<br>22845 CANAL RD STE C<br>ORANGE BEACH, AL 36561 V.P. | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | T<br>MERRYMAN, BARBARA<br>P O BOX 2077<br>GULF SHORES, AL 36547 Sec. | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | Raymond Gede<br>P.O. Box 2077<br>Gulf Shores, AL 36547 V.P. | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | Wayne Burnette<br>P.O. Box 2077<br>Gulf Shores, AL 36547 V.P. | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | Paula Erwin<br>P.O. Box 2077<br>Gulf Shores, AL 36547 Treas. | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |

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: Paula Erwin 3.13.08
(SIGNATURE AND TITLE OF PERSON SIGNING OFFICER OR DIRECTOR) Date (Daytime Phone)