

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Aug 21, 2006 8:00 am
Secretary of State

08-21-2006 90005 035 ****61.25

DOCUMENT # N04000011369

1. Entity Name
TAHISCO GROVE HOMEOWNERS' ASSOCIATION, INC.



Principal Place of Business
**POST OFFICE BOX 15190
PENSACOLA, FL 32514-0190**

Mailing Address
**POST OFFICE BOX 15190
PENSACOLA, FL 32514-0190**

✓ **00025762**



07072006 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
NOT APPLICABLE

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**MOORHEAD, STEPHEN R
25 WEST GOVERNMENT STREET
PENSACOLA, FL 32502**

**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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$61.25
Due by September 6, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **VD**
NAME **DAVIS, ALEX L**
STREET ADDRESS **8160 ASHLAND AVENUE**
CITY-ST-ZIP **PENSACOLA, FL 32534**

TITLE **D**
NAME **DAVIS, THOMAS H JR.**
STREET ADDRESS **POST OFFICE BOX 15190**
CITY-ST-ZIP **PENSACOLA, FL 32514-0190**

TITLE **PSTD**
NAME **WARD, KEVIN**
STREET ADDRESS **POST OFFICE BOX 15190**
CITY-ST-ZIP **PENSACOLA, FL 32514-0190**

TITLE **President**
NAME **Georgina Glenn**
STREET ADDRESS **2230 Nolan Falkner Ct.**
CITY-ST-ZIP **Cantonment, FL 32503**

TITLE **TREASURER**
NAME **Stephen W. Goodwin**
STREET ADDRESS **2213 NOLAN FALKNER COURT**
CITY-ST-ZIP **CANTONMENT FL, 32533**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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: Georgina Glenn

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/2/06 8509374682

Date

Daytime Phone #