


**2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 01, 2008 8:00 am**  
**Secretary of State**

04-01-2008 90005 042 \*\*\*\*61.25

<b>DOCUMENT # N04000011562</b>		
1. Entity Name <b>JOHNSTONE HOMEOWNER'S ASSOCIATION, INC.</b>		
Principal Place of Business <b>11441 CLEAR CREEK DRIVE PENSACOLA, FL 32514</b>		Mailing Address <b>11441 CLEAR CREEK DRIVE PENSACOLA, FL 32514</b>
<b>DO NOT WRITE IN THIS SPACE</b>		
6. Name and Address of Current Registered Agent  <b>COBB, JOHN WM 11441 CLEAR CREEK DRIVE PENSACOLA, FL 32514</b>		<b>DO NOT WRITE IN THIS SPACE</b>
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____		
<b>Filing Fee is \$61.25 Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
10. OFFICERS AND DIRECTORS		
TITLE	PSTD	
NAME	COBB, JOHN WM.	
STREET ADDRESS	11441 CLEAR CREEK DRIVE	
CITY-ST-ZIP	PENSACOLA, FL 32514	
TITLE	VD	
NAME	COBB, CAROLYN A	
STREET ADDRESS	11441 CLEAR CREEK DRIVE	
CITY-ST-ZIP	PENSACOLA, FL 32514	
TITLE	D	
NAME	COBB, JENNIFER L	
STREET ADDRESS	11441 CLEAR CREEK DRIVE	
CITY-ST-ZIP	PENSACOLA, FL 32514	
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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: <u>John W Cobb</u> <u>JOHN WM COBB DIRECTOR</u> <u>3/27/08</u> <u>850 944 5503</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>		