## 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## **DOCUMENT # N05000005055**

1. Entity Name

PAMELA PINES TOWNHOME OWNERS ASSOCIATION, INC.



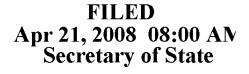
Principal Place of Business

227 ALCONESE AVE - UNIT F FT WALTON BEACH, FL 32548 Mailing Address

652 N BEAL PKWY

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FORT WALTON BEACH, FL 32547





## DO NOT WRITE IN THIS SPACE

01162008 No Chg-NP CR2E037 (4/06)

4. FEI Number
20-4807374

Solution 
Applied For Not Applicable

5. Certificate of Status Desired 
Fee Required

Daytime Phone #

6. Name and Address of Current Registered Agent

MCINNIS, C. JEFFREY 909 MAR WALT DR STE 1014 FT WALTON BEACH, FL 32547 DO NOT WRITE IN THIS SPACE

the obligations of registered agent					
SIGNATURE.				required when reinstating)	มกกกกอ≀°ัรีว₄
	Filing Fee is \$61.25 Due by May 1, 2008	Election Campaign Financing     Trust Fund Contribution.		\$5.00 May Be Added to Fees	05/08/08-80004-003 61.25
10.	D. OFFICERS AND DIRECTORS				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COOKE, FRED C P O DRAWER 4007 FT WALTON BEACH, FL 32549				
TITLE NAME STREET ADDRESS GITY-ST-ZIP	D COOKE SCHEEL, PAMELA ANN 17 PLEW AVE SHALIMAR, FL 32579				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SCHEEL, MATT 17 PLEW AVE SHALIMAR, FL 32579			DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP				in	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP		;			la annanch comhla march phailthail a
indicatéd of the cor	on this report or supplemental report is true and	accurate and that my signature signeration of accurate this report as required by	hall hav	e the same legal effec	9. Florida Statutes I further certify that the information of as if made under oath; that I am an officer or director as: and that my name appears in Block 10 or Block 11 if

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