

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000006752

FILED
Apr 22, 2007
Secretary of State

Entity Name: POMPAÑO PLACE OWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

5311 E COUNTY HWY 30-A
STE 5
SANTA ROSA BEACH, FL 32459

New Principal Place of Business:

Current Mailing Address:

5311 E COUNTY HWY 30-A
STE 5
SANTA ROSA BEACH, FL 32459

New Mailing Address:

FEI Number: 32-0153379

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FRANKLIN H WATSON PA
5365 E CO HWY 30-A SUITE 105
SEAGROVE BEACH, FL 32459 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DST () Delete
Name: KRAXBERGER, DAVID M
Address: 510 STONEMOOR CIRCLE
City-St-Zip: ROSWELL, GA

Title: DP () Delete
Name: NEAL, WILLIAM R
Address: 9435 NESBIT LAKES DRIVE
City-St-Zip: ALPHARETTA, GA 30020

Title: DV () Delete
Name: NEAL, SALLY F
Address: 9435 NESBIT LAKES DRIVE
City-St-Zip: ALPHARETTA, GA 30020

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DST (X) Change () Addition
Name: KRAXBERGER, DAVID M
Address: 3867 HOLCOMB BRIDGE RD
City-St-Zip: NORCROSS, GA 30092

Title: DP (X) Change () Addition
Name: NEAL, WILLIAM R
Address: 3867 HOLCOMB BRIDGE RD
City-St-Zip: NORCROSS, GA 30092

Title: DV (X) Change () Addition
Name: NEAL, SALLY F
Address: 3867 HOLCOMB BRIDGE RD
City-St-Zip: NORCROSS, GA 30092

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WALTER R. PRITCHETT

MGR

04/22/2007

Electronic Signature of Signing Officer or Director

Date