## 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## **DOCUMENT # N05000011554**

1. Entity Name
ALICIA PLACE HOMEOWNERS ASSOCIATION, INC.



04-30-2007 90818 014 \*\*\*\*61.25

Apr 30, 2007 8:00 am Secretary of State

**FILED** 

					- 1	ST. In	Ì				
Principal Place of Business ETHERIDGE PROPERTY MANAGEMENT 3298 SUMMIT BLVD, STE 4 PENSACOLA, FL 32503 US			Mailing Address ETHERIDGE PROPERTY MANAGEMENT 3298 SUMMIT BLVD, STE 4 PENSACOLA, FL 32503 US						18: EMT: 8111 810	MI I AA	
2. Principal Place of Business - No P.O. Box #			3. Mailing Address								
Suite, Apt. #, etc.			Suite, Apt. #, etc.			01112007	Chg-NP	CR2E03	37 (12/06)		
City & State			City & State			4. FEI Number 20-5078		*****	<u> </u>	pplied For ot Applicable	
Zip Country			Zip	p Country			5. Certificate of	of Status Desired		\$8.75 Add Fee Require	litional d
6. Name and Address of Current Reg			Registered	stered Agent			7. Name and Address of New Registered Agent				
						Name	·				
ETHERIDGE, KEVIN 3298 SUMMIT BLVD, STE 4				:		Street Address (P.O. Box Number is Not Acceptable)					
PENSACO	ILA, FL 32	2503									
				City					FL	Zip Code	
	named entity ions of regist	y submits this statement for tered agent.	r the purpo	se of changing its	registere	d office or regis	stered agen), or both	n, in the State of Fi	orida. Tam t	familiar with,	and accept
SIGNATURE .	Signature, typed	or printed name of registered agent a	and tale if appli	cable. (NOTE	Registered	Agent signature requ	ared when reinstating)		DATE		
Filing Fee is \$61.25 Due by May 1, 2007				Election Campaign Financing     Trust Fund Contribution.			\$5.00 May Be			payable to	
	Due by H	nay 1, 2007		Irusi Fund C	oninbutx	<u></u>	Added to Fees	) Fice	nua Depar	Circuit Oi Oi	LOLE
10.	Due by N		RECTORS	Trust Fund C				L			
10.		OFFICERS AND DIF	RECTORS		11.		Added to Fees ADDITIONS/CHA	L		RECTORS IN	10
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2. 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 empty 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 trusfee 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: \_

PEP NB PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6-26-07

850-434-35K