


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2008 8:00 am
Secretary of State

04-24-2008 90123 038 ****61.25

DOCUMENT # N05000011554

1. Entity Name
ALICIA PLACE HOMEOWNERS ASSOCIATION, INC.



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**

2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.
908 Gardengate Circle

3. Mailing Address
 Suite, Apt. #, etc.
908 Gardengate Circle

City & State
Pensacola, Florida

City & State
Pensacola, Florida

Zip
32504

Country
US

Country
US



01042008 Chg-NP CR2E037 (12/06)

4. FEI Number
20-5078909

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

**ETHERIDGE, KEVIN
 3298 SUMMIT BLVD, STE 4
 PENSACOLA, FL 32503**

7. Name and Address of New Registered Agent

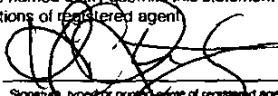
Name
 Street Address (P.O. Box Number is Not Acceptable)
908 Gardengate Circle

City
Pensacola

State
FL

Zip Code
32504

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:  DATE: **April 22, 2008**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)


Filing Fee is **\$61.25** Due by **May 1, 2008**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

Make check payable to **Florida Department of State**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP HOLCOMB, DAVID 128 JOHN KING ROAD - SUITE 18 CRESTVIEW, FL 32539 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP MCEACHEM, SANDY 128 JOHN KING ROAD - SUITE 18 CRESTVIEW, FL 32539 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST PATTERSON, MIKE 128 JOHN KING ROAD - SUITE 18 CRESTVIEW, FL 32539 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:  DATE: **April 22, 2008**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR