

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000011554

FILED  
Apr 23, 2009  
Secretary of State

Entity Name: ALICIA PLAGE HOMEOWNERS ASSOCIATION, INC.

## Current Principal Place of Business:

908 GARDENGATE CIRCLE  
PENSACOLA, FL 32504 US

## New Principal Place of Business:

## Current Mailing Address:

908 GARDENGATE CIRCLE  
3298 SUMMIT BLVD, STE 4  
PENSACOLA, FL 32504 US

## New Mailing Address:

908 GARDENGATE CIRCLE  
PENSACOLA, FL 32504 US

FEI Number: 20-5078909

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

ETHERIDGE, KEVIN  
908 GARDENGATE CIRCLE  
PENSACOLA, FL 32504 US

## Name and Address of New Registered Agent:

ETHERIDGE, KEVIN R  
908 GARDENGATE CIRCLE  
PENSACOLA, FL 32504 US

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: KEVIN R. ETHERIDGE

04/23/2009

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: DP ( ) Delete  
Name: HOLCOMB, DAVID  
Address: 128 JOHN KING ROAD - SUITE 18  
City-St-Zip: CRESTVIEW, FL 32539

Title: DVP ( ) Delete  
Name: MCEACHEM, SANDY  
Address: 128 JOHN KING ROAD - SUITE 18  
City-St-Zip: CRESTVIEW, FL 32539

Title: DST ( ) Delete  
Name: PATTERSON, MIKE  
Address: 128 JOHN KING ROAD - SUITE 18  
City-St-Zip: CRESTVIEW, FL 32539

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition  
Name: HOLCOMB, DAVID  
Address: 128 JOHN KING ROAD - STE 18  
City-St-Zip: CRESTVIEW, FL 32539

Title: VPD (X) Change ( ) Addition  
Name: MCEACHEM, SANDY  
Address: 128 JOHN KING ROAD - STE 18  
City-St-Zip: CRESTVIEW, FL 32539

Title: STD (X) Change ( ) Addition  
Name: PATTERSON, MIKE  
Address: 128 JOHN KING ROAD - STE 18  
City-St-Zip: CRESTVIEW, FL 32539

I hereby certify that the information supplied with this filing does not qualify 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: KEVIN R. ETHERIDGE

RA

04/23/2009

Electronic Signature of Signing Officer or Director

Date