

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000002346

FILED
May 01, 2008
Secretary of State

Entity Name: BETMARK PLACE HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

4400 BAYOU BLVD
#35
PENSACOLA, FL 32503

New Principal Place of Business:

Current Mailing Address:

4400 BAYOU BLVD
#35
PENSACOLA, FL 32503

New Mailing Address:

FEI Number: 20-8088027 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

LONGWELL, TINA
4400 BAYOU BLVD
#35
PENSACOLA, FL 32503 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: D () Delete
Name: MORRIS, GAIL
Address: 5508-B NORTH W STREET
City-St-Zip: PENSACOLA, FL 32505

Title: D () Delete
Name: BARNES, DAVID
Address: 5508-B NORTH W STREET
City-St-Zip: PENSACOLA, FL 32505

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change () Addition
Name: REEVES, DUSTIN
Address: 10498 MILLBROOK DR
City-St-Zip: PENSACOLA, FL 32534

Title: DVP (X) Change () Addition
Name: PRESSWOOD, TOMMY
Address: 10482 MILLBROOK DR
City-St-Zip: PENSACOLA, FL 32534

Title: DST () Change (X) Addition
Name: PRESSWOOD, SHANNON
Address: 10482 MILLBROOK DR
City-St-Zip: PENSACOLA, FL 32534

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: DUSTIN REEVES

DP

05/01/2008

Electronic Signature of Signing Officer or Director

Date