

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000003443

FILED  
Apr 28, 2007  
Secretary of State

**Entity Name:** MANCHESTER OF ESCAMBIA COUNTY HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

5508-B NORTH W STREET  
PENSACOLA, FL 32505

**New Principal Place of Business:**

4400 BAYOU BLVD  
#35  
PENSACOLA, FL 32503

**Current Mailing Address:**

5508-B NORTH W STREET  
PENSACOLA, FL 32505

**New Mailing Address:**

4400 BAYOU BLVD.  
#35  
PENSACOLA, FL 32503

**FEI Number:**                      **FEI Number Applied For (X)**                      **FEI Number Not Applicable ( )**                      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

MORRIS, GAIL  
5508-B NORTH W STREET  
PENSACOLA, FL 32505    US

**Name and Address of New Registered Agent:**

LONGWELL, TINA  
4400 BAYOU BLVD.  
#35  
PENSACOLA, FL 32503 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: TINA LONBWELL

04/28/2007

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD                      ( ) Delete  
Name: MORRIS, GAIL  
Address: 5508-B NORTH W STREET  
City-St-Zip: PENSACOLA, FL 32505

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

Title: STD                      ( ) Delete  
Name: MOORE, WILLIAM A  
Address: 8900 HWY 98 WEST  
City-St-Zip: PENSACOLA, FL 32506

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title:                      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:                      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:                      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: GAIL MORRIS

DP

04/28/2007

Electronic Signature of Signing Officer or Director

Date