

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000005767

FILED  
Apr 24, 2007  
Secretary of State

**Entity Name:** BRENTWOOD PARK NEIGHBORHOOD ASSOCIATION AND WATCH. INC.

**Current Principal Place of Business:**

106 JACQUELYN WAY  
PENSACOLA, FL 32505

**New Principal Place of Business:**

112 BAYLISS COURT  
PENSACOLA, FL 32505

**Current Mailing Address:**

106 JACQUELYN WAY  
PENSACOLA, FL 32505

**New Mailing Address:**

112 BAYLISS COURT  
PENSACOLA, FL 32505

**FEI Number:** 33-1139379

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

DESBIENS, LEO P  
106 JACQUELYN WAY  
PENSACOLA, FL 32505 US

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

LICCIARDO, PAT  
112 BAYLISS COURT  
PENSACOLA, FL 32505 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: PAT LICCIARDO

04/24/2007

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: DESBIENS, LEO P  
Address: 106 JACQUELYN WAY  
City-St-Zip: PENSACOLA, FL 32505

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

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

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

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

Title: P (X) Change ( ) Addition  
Name: LICCIARDO, PAT  
Address: 112 BAYLISS COURT  
City-St-Zip: PENSACOLA, FL 32505

Title: VP ( ) Change (X) Addition  
Name: SMITH, FRED H  
Address: 605 ARMENIA DR.  
City-St-Zip: PENSACOLA, FL 32505

Title: S ( ) Change (X) Addition  
Name: HORNE, MARCHELL D  
Address: 605 ARMENIA DR.  
City-St-Zip: PENSACOLA, FL 32505

Title: T ( ) Change (X) Addition  
Name: CARNLEY, ALISA J  
Address: 114 CARY MEMORIAL DR.  
City-St-Zip: PENSACOLA, FL 32505

I hereby certify that the information supplied with this filing does not qualify for the 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: PAT LICCIARDO

P

04/24/2007

Electronic Signature of Signing Officer or Director

Date