

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000007075

FILED  
May 02, 2008  
Secretary of State

**Entity Name:** LA BELLE MAISON CONDOMINIUM OWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

16497 PERDIDO KEY DR  
PENSACOLA, FL 32507

**New Principal Place of Business:**

**Current Mailing Address:**

P O BO 34065  
PENSACOLA, FL 32507

**New Mailing Address:**

**FEI Number:** 20-5154984      **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:**

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

WATERS, DEBORAH  
6200 DON CARLOS DR  
PENSACOLA, FL 32507      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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: MOTE, STEVE  
Address: 2923 5TH AVE SOUTH  
City-St-Zip: BIRMINGHAM, AL 35233

Title: VP ( ) Delete  
Name: GROGAN, LEE  
Address: 2032 LYNNWOOD DR  
City-St-Zip: FRANKLIN, TN 37069

Title: D ( ) Delete  
Name: MUNTUN, RICHARD  
Address: 42 CANEBRAKE BLVD  
City-St-Zip: HATTIESBURG, MS 39402

**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: DEBORAH WATERS

RA

05/02/2008

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date