
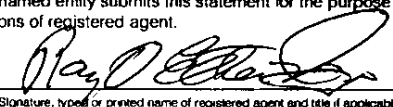



2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2007 8:00 am
Secretary of State

04-30-2007 90459 050 ****61.25

DOCUMENT # N06000007601 1. Entity Name BILEK MANOR HOMEOWNER'S ASSOCIATION, INC.			
Principal Place of Business 3298-18 SUMMIT BOULEVARD PENSACOLA, FL 32503		Mailing Address 3298-18 SUMMIT BOULEVARD PENSACOLA, FL 32503	
2. Principal Place of Business - No P.O. Box # 3298 Summit Blvd Suite, Apt. #, etc. Suite 4 City & State Pensacola, FL Zip 32503		3. Mailing Address 3298 Summit Blvd Suite, Apt. #, etc. Suite 4 City & State Pensacola, FL Zip 32503	
Country Escambia		Country Escambia	
4. FEI Number 20-8179633		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MATTHEWS, EDELS F JR. 308 SOUTH JEFFERSON STREET PENSACOLA, FL 32502		7. Name and Address of New Registered Agent Name Ray O. Etheridge Street Address (P.O. Box Number is Not Acceptable) 3298 Summit Blvd. Suite 4 City Pensacola FL Zip Code 32503	
8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE  DATE 4/25/07 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE PD <input type="checkbox"/> Delete NAME SABA, M PAUL STREET ADDRESS 3298-18 SUMMIT BOULEVARD CITY-ST-ZIP PENSACOLA, FL 32503	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE STD <input type="checkbox"/> Delete NAME FRANZ, JON A STREET ADDRESS 3298-18 SUMMIT BOULEVARD CITY-ST-ZIP PENSACOLA, FL 32503	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE VPD <input type="checkbox"/> Delete NAME CALDWELL, THOMAS STREET ADDRESS 3298-18 SUMMIT BOULEVARD CITY-ST-ZIP PENSACOLA, FL 32503	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE 		Date 4-26-07 Daytime Phone # 850-434-3585	