## 2008 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT (AR)**

## Mar 20, 2008 8:00 am Secretary of State DOCUMENT # N06000009260 1. Entity Name 03-20-2008 90025 028 \*\*\*\*61.25 ROMANA LOFTS AT ALCANIZ CENTRE HOMEOWNERS ASSOCIATION, INC. Principal Place of Business Mailing Address 415 EAST ROMANA STREET 109 EAST GARDEN STREET PENSACOLA FL 32502 PENSACOLA FL 32502 2. Principal Place of Business - No P.O. Box # Mailing Address 215 Tarragor Suite, Apt. #, etc. 1st MOORE CR2E037 (10/07) City & State City & State 4. FEI Number Applied For 20-5465306 bnsacola Not Applicable Country Zio Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent INSTITUC. Clo Danny A. Zimmon SCOGGINS III, INC. 109 EAST GARDEN STREET rragona PENSACOLA FL 32502 <u>Pensacola</u> 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 Fiorida. I am familiar with, and accept the obligations of registered agent 3.10.8 SIGNATURE (NOTE: Registered Agent signature regulated when reinstituing) FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Due By May 1, 2008 Trust Fund Contribution. Added to Fees Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 DPT. TITLE ☐ Delete TITLE ☐ Addition LOVELL, W. ADRIAN HAME NAME 880 NORTH REUS STREET STREET ADDRESS STREET ADDRESS PENSACOLA FL 32501 CITY-ST-ZIP CITY-ST-ZIP DVS TITLE Delete TITLE ☐ Change ☐ Addition CARSON, JOSEPH E HAME NAME 880 NORTH REUS STREET STREET ADDRESS STREET ADURESS PENSACOLA FL 32501 CITY-ST-78P CITY-ST-ZIP \_\_\_\_ 300 F1 Delete TITLE Change Addition LOVELL, VIRGINIA NAME NAME 880 NORTH REUS STREET STREET ADDRESS STREET ADDRESS PENSACOLA FL 32501 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY - ST - 7IP CITY-ST-Z/P TITLE ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CUTY-ST-ZIP

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12. Thereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: