

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000009260

FILED  
Mar 02, 2009  
Secretary of State

**Entity Name:** ROMANA LOFTS AT ALCANIZ CENTRE HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

415 EAST ROMANA STREET  
PENSACOLA, FL 32502

**New Principal Place of Business:**

**Current Mailing Address:**

21 S. TARRAGONA ST  
STE. 103  
PENSACOLA, FL 32505

**New Mailing Address:**

**FEI Number:** 20-5465306

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

SCOGGINS III, INC  
C/O DANNY A ZIMMER  
21 S. TARRAGONA ST, STE. 103  
PENSACOLA, FL 32502 US

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

SCOGGINS III, INC  
C/O DANNY A ZIMMERN  
21 S. TARRAGONA ST, STE. 103  
PENSACOLA, FL 32502 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:

03/02/2009

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: DPT ( ) Delete  
Name: LOVELL, W. ADRIAN  
Address: 880 NORTH REUS STREET  
City-St-Zip: PENSACOLA, FL 32501

Title: DVS ( ) Delete  
Name: CARSON, JOSEPH E  
Address: 880 NORTH REUS STREET  
City-St-Zip: PENSACOLA, FL 32501

Title: D ( ) Delete  
Name: LOVELL, VIRGINIA  
Address: 880 NORTH REUS STREET  
City-St-Zip: PENSACOLA, FL 32501

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

Title: DPT (X) Change ( ) Addition  
Name: LOVELL, W. ADRIAN  
Address: 21 S. TARRAGONA ST, STE. 102  
City-St-Zip: PENSACOLA, FL 32501

Title: DVS (X) Change ( ) Addition  
Name: CARSON, JOSEPH E  
Address: 21 S. TARRAGONA ST, STE. 102  
City-St-Zip: PENSACOLA, FL 32501

Title: D (X) Change ( ) Addition  
Name: LOVELL, VIRGINIA  
Address: 21 S. TARRAGONA ST, STE. 102  
City-St-Zip: PENSACOLA, FL 32501

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: DANNY A. ZIMMERN

RA

03/02/2009

Electronic Signature of Signing Officer or Director

Date