2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2007
Secretary of State

DOCUMENT# N06000009302

Entity Name: ALCANIZ CENTRE MASTER HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

880 NORTH REUS STREET
PENSACOLA, FL 32501

New Principal Place of Business:

109 EAST GARDEN STREET
A
PENSACOLA, FL 32502

Current Mailing Address:

880 NORTH REUS STREET
PENSACOLA, FL 32501

New Mailing Address:

109 EAST GARDEN STREET
A
PENSACOLA, FL 32502

FEI Number: 20-5465400 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

CAMPBELL, JAMES S
C/O BEGGS & LANE, RLLP
501 COMMENDENCIA STREET
PENSACOLA, FL 32502 US

Name and Address of New Registered Agent:

ZIMMERN, DANNY A.
ALCANIZ CENTRE MASTER HOMEOWNERS ASSOC.
C/O SCOGGINS III, INC.
109-A EAST GARDEN STREET
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: DANNY A. ZIMMERN 04/30/2007
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: ( ) 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: WILLIAM A. LOVELL DPT 04/30/2007
Electronic Signature of Signing Officer or Director — Date