

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

FILED
Mar 20, 2008 8:00 am
Secretary of State

03-20-2008 90027 004 ****61.25

DOCUMENT # N06000009302

1. Entity Name

ALCANIZ CENTRE MASTER HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business

109 EAST GARDEN STREET
A
PENSACOLA FL 32502

Mailing Address

109 EAST GARDEN STREET
A
PENSACOLA FL 32502

300000443



2. Principal Place of Business - No P.O. Box #

21 S. Tarragona St.

3. Mailing Address

21 S. Tarragona St

Suite, Apt. #, etc.

103

Suite, Apt. #, etc.

103

City & State

Pensacola, FL

City & State

Pensacola, FL

Zip

32502

Country

USA

Zip

32502

Country

USA

1st MOORE

CR2E037 (10/07)

4. FEI Number

20-5465400

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ZIMMERN, DANNY A
C/O SCOGGINS III, INC.
109-A EAST GARDEN STREET
PENSACOLA FL 32502

7. Name and Address of New Registered Agent

Name: Scoggins III, c/o Danny Zimmern
Street Address (P.O. Box Number is Not Acceptable):
21 S. Tarragona St.
Suite 103
City: Pensacola FL Zip Code: 32502

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

[Signature]

3-11-8

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2008

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE: DPT
NAME: LOVELL, W. ADRIAN ☐ Delete
STREET ADDRESS: 880 NORTH REUS STREET
CITY-ST-ZIP: PENSACOLA FL 32501

TITLE: DVS
NAME: CARSON, JOSEPH E ☐ Delete
STREET ADDRESS: 880 NORTH REUS STREET
CITY-ST-ZIP: PENSACOLA FL 32501

TITLE: D
NAME: LOVELL, VIRGINIA ☐ Delete
STREET ADDRESS: 880 NORTH REUS STREET
CITY-ST-ZIP: PENSACOLA FL 32501

TITLE: ☐ Delete
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE: ☐ Delete
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE: ☐ Delete
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE: ☐ Change ☐ Addition
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE: ☐ Change ☐ Addition
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE: ☐ Change ☐ Addition
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STREET ADDRESS:
CITY-ST-ZIP:

TITLE: ☐ Change ☐ Addition
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

12. I hereby 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:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/10/08 850-434-7777