


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Aug 03, 2005 8:00 am**  
**Secretary of State**

08-03-2005 90062 034 \*\*\*\*61.25

<b>DOCUMENT # N06462</b> 1. Entity Name <b>SOUTH GULF MANOR HOMEOWNERS' ASSOCIATION, INC.</b>					
Principal Place of Business <b>2358 SILVERSIDES LOOP- PENSACOLA, FL 32526-1565</b>			Mailing Address <b>2358 SILVERSIDES LOOP PENSACOLA, FL 32526-1565</b>		
2. Principal Place of Business <b>2409 Cavalla Loop</b>		3. Mailing Address <b>2409 Cavalla Loop</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State <b>PENSACOLA FL</b>		City & State <b>PENSACOLA FL</b>		4. FEI Number <b>59-2510486</b>	
Zip <b>32526-1542</b>		Country <b>Escambia</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>FOOTE, RICHARD 2358 SILVERSIDES LOOP PENSACOLA, FL 32526</b>			7. Name and Address of New Registered Agent Name <b>BARBARA B. MOORE</b> Street Address (P.O. Box Number is Not Acceptable) <b>2409 Cavalla Loop</b> City <b>PENSACOLA</b> <b>FL</b> Zip Code <b>32526</b>		
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 <u><i>Barbara B Moore</i></u> <b>BARBARA B. MOORE (TREASURER/DIRECTOR)</b> <b>8/1/05</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$61.25 Due by September 7, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Make check payable to Florida Department of State</b>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D</b> <b>MOORE, RICHARD B</b> <b>2409 CAVALLA LOOP</b> <b>PENSACOLA, FL 32526</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D</b> <b>VICTOR L. SCHILLING</b> <b>2570 AMBERTACK CT.</b> <b>PENSACOLA, FL 32526</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>SD</b> <b>ROBINSON, HARRIETT</b> <b>2409 CAVALLA LOOP</b> <b>PENSACOLA, FL 32526</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>TD</b> <b>FOOTE, RICHARD</b> <b>2358 SILVERSIDES LOOP</b> <b>PENSACOLA, FL</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>\$TD</b> <b>MOORE, Barbara B</b> <b>2409 Cavalla Loop</b> <b>PENSACOLA, FL 32526</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE 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 exemption stated in Section 119.07(3)(i), 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.					
<b>SIGNATURE: <u><i>Barbara B Moore</i></u> <b>BARBARA B MOORE</b> <b>8/1/05</b> <b>(850) 232-4333</b></b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

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