# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Apr 22, 2009**
**Secretary of State**

DOCUMENT# N06462

**Entity Name:** SOUTH GULF MANOR HOMEOWNERS' ASSOCIATION, INC.

**Current Principal Place of Business:**

2409 CAVALLA LOOP
PENSACOLA, FL 325261565

**New Principal Place of Business:**

**Current Mailing Address:**

2409 CAVALLA LOOP
PENSACOLA, FL 325261565

**New Mailing Address:**

**FEI Number: 59-2510486** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

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

MOORE, BARBARA B
2409 CAVALLA LOOP
PENSACOLA, FL 32526 US

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

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: _____

Electronic Signature of Registered Agent — Date

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete
Name: RAMOSS, RANDY
Address: 2676 TINDSA LANE
City-St-Zip: PENSACOLA, FL 32526

Title: SD ( ) Delete
Name: ROBINSON, HARRIETT
Address: 2409 CAVALLA LOOP
City-St-Zip: PENSACOLA, FL 32526

Title: TD ( ) Delete
Name: MOORE, BARBARA B
Address: 2409 CAVALLA LOOP
City-St-Zip: PENSACOLA, FL 32526

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

Title: PD (X) Change ( ) Addition
Name: RAMOS, RANDY
Address: 2676 TINOSA LANE
City-St-Zip: PENSACOLA, FL 32526

Title: SD (X) Change ( ) Addition
Name: ROBINSON, HARRIETT
Address: 2406 CAVALLA LOOP
City-St-Zip: PENSACOLA, FL 32526

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: BARBARA B. MOORE DIR 04/22/2009

Electronic Signature of Signing Officer or Director — Date