

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2008 8:00 am
Secretary of State

04-16-2008 90031 007 ****70.00

DOCUMENT # N07000007853 1. Entity Name SIX PALMS NEIGHBORHOOD OWNERS ASSOCIATION, INC					
Principal Place of Business 7 TOWN CENTER LOOP C-16 SANTA ROSA BEACH, FL 32459			Mailing Address 7 TOWN CENTER LOOP C-16 SANTA ROSA BEACH, FL 32459		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address POST OFFICE BOX 1247			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State SANTA ROSA BEACH FL		4. FEI Number 26-1124997	
Zip		Zip 32459		Country WALTON	
5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required				Applied For ☐ Not Applicable	
6. Name and Address of Current Registered Agent STENBERG, CINDY 7 TOWN CENTER LOOP C-16 SANTA ROSA BEACH, FL 32459			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing 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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GASTON, JOHN 7 TOWN CENTER LOOP C-16 SANTA ROSA BEACH, FL 32459 ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ALLEN, ANDY 7 TOWN CENTER LOOP C-16 SANTA ROSA BEACH, FL 32459 ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MCNABB, SHERRI 7 TOWN CENTER LOOP C-16 SANTA ROSA BEACH, FL 32459 ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: _____ 7/20/08 Daytime Phone # _____					