

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 24, 2006 08:00 AM
Secretary of State

DOCUMENT # N07340

1. Entity Name
909 BUILDING EAST CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business
C/O ROBERT RICHARDSON
909 EAST CERVANTES STREET
PENSACOLA, FL 32501

Mailing Address
C/O ROBERT RICHARDSON
909 EAST CERVANTES STREET
PENSACOLA, FL 32501



02242006 No Chg-NP

CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-0608121

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

RICHARDSON, ROBERT W
909 EAST CERVANTES STREET
PENSACOLA, FL 32501

**DO NOT WRITE
IN THIS SPACE**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD
NAME RICHARDSON, ROBERT
STREET ADDRESS 909 E. CERVANTES ST.
CITY-ST-ZIP PENSACOLA, FL 32501

TITLE VPD
NAME TICE, JOHN P
STREET ADDRESS 909 E. CERVANTES ST.
CITY-ST-ZIP PENSACOLA, FL 32501

TITLE TD
NAME URBANIAK, WILMA L
STREET ADDRESS 909 E CERVANTES ST
CITY-ST-ZIP PENSACOLA, FL 32501

TITLE
NAME
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CITY-ST-ZIP

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000000445057
03/07/06-80027-025 61.25

**DO NOT WRITE
IN THIS SPACE**

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 another like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #