

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 14, 2007 8:00 am
Secretary of State

05-14-2007 90090 034 ****70.00

DOCUMENT # N07340
 1. Entity Name
 909 BUILDING EAST CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business *Jean V. Wallace*
~~C/O ROBERT RICHARDSON~~
 909 EAST CERVANTES STREET
 PENSACOLA, FL 32501

Mailing Address *Jean V. Wallace*
~~C/O ROBERT RICHARDSON~~
 909 EAST CERVANTES STREET
 PENSACOLA, FL 32501

9011412



04242007 No Chg-NP CR2E037 (4/06)

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4. FEI Number 59-0608121	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

~~RICHARDSON, ROBERT W~~ *John P. Tice, Jr*
 909 EAST CERVANTES STREET
 PENSACOLA, FL 32501

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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 *John P. Tice, Jr President* *[Signature]* *4/26/07*
 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, 2007

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD RICHARDSON, ROBERT <i>John P. Tice, Jr</i> 909 E. CERVANTES ST. PENSACOLA, FL 32501
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD TICE, JOHN P 909 E. CERVANTES ST. PENSACOLA, FL 32501
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD <i>ST</i> URBANIAK, WILMA L <i>Jean V. Wallace</i> 909 E CERVANTES ST PENSACOLA, FL 32501
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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: *Jean V. Wallace* *4/27/07* *850* *434-5444*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #