


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2007 8:00 am
Secretary of State

04-30-2007 90411 035 ****61.25

DOCUMENT # N07697					
1. Entity Name RAMSGATE HARBOUR OWNERS ASSOCIATION, INC.					
Principal Place of Business 23011 FRONT BCH RD PANAMA CITY BEACH, FL 32413			Mailing Address 23011 FRONT BCH RD PANAMA CITY BEACH, FL 32413		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-2585206	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
HESS, BRIAN 9108 FRONT BEACH RD PANAMA CITY BCH., FL 32408			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			State 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, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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	D	<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MACDONALD, WILLIAM		NAME	DENNIS, DAVID J	
STREET ADDRESS	227 BLUEGRASS DR.		STREET ADDRESS	2408 Midfield Dr	
CITY-ST-ZIP	HENDERSONVILLE, TN 37075		CITY-ST-ZIP	Montgomery, AL 36111	
TITLE	TD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PAXTON, JAMES R		NAME		
STREET ADDRESS	9 HOLLY HILL RD		STREET ADDRESS		
CITY-ST-ZIP	DOTHAN, AL 36305		CITY-ST-ZIP		
TITLE	PD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EDSON, RONALD A.		NAME		
STREET ADDRESS	PO BOX 98		STREET ADDRESS		
CITY-ST-ZIP	GROVERTOWN, GA 30913		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	REVELL, DENNIS		NAME		
STREET ADDRESS	345 IDLYWOOD DR		STREET ADDRESS		
CITY-ST-ZIP	ATHENS, GA 30605		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BASORE, SID		NAME		
STREET ADDRESS	1853 STURBRIDGE DR		STREET ADDRESS		
CITY-ST-ZIP	LANCASTER, PA 17601		CITY-ST-ZIP		
TITLE	VPD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PEPPENHORST, BILL		NAME		
STREET ADDRESS	1408 BADHAM DR		STREET ADDRESS		
CITY-ST-ZIP	BIRMINGHAM, AL 35216		CITY-ST-ZIP		
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: <i>Sidney K. Basore</i>		Sid Basore		4/26/07 850-233-1320	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	