


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 23, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N08819</b>	
<b>1. Entity Name</b> PICKFORD HOMEOWNER'S ASSOCIATION, INC.	

<b>Principal Place of Business</b> 2900 PICKFORD PLACE PENSACOLA, FL 32503	<b>Mailing Address</b> 2900 PICKFORD PLACE PENSACOLA, FL 32503 US
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01222007 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

<b>4. FEI Number</b> 59-2997029	<b>Applied For</b> <input type="checkbox"/> Not Applicable
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

**6. Name and Address of Current Registered Agent**

MERTINS, CHRISTINE  
2900 PICKFORD PLACE  
PENSACOLA, FL 32503

**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** \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) **DATE** \_\_\_\_\_

**Filing Fee is \$61.25**  
**Due by May 1, 2007**

**9. Election Campaign Financing** ☐ **\$5.00 May Be Added to Fees**

000000725870  
05/03/07-80039-014 61.25

**10. OFFICERS AND DIRECTORS**

<b>TITLE</b>	PO
<b>NAME</b>	GRIMM, NANNETTE R
<b>STREET ADDRESS</b>	2940 PICKFORD PLACE
<b>CITY-ST-ZIP</b>	PENSACOLA, FL 32503
<b>TITLE</b>	VD
<b>NAME</b>	FREEMAN, JUDY
<b>STREET ADDRESS</b>	2960 PICKFORD PLACE
<b>CITY-ST-ZIP</b>	PENSACOLA, FL 32503
<b>TITLE</b>	TDST
<b>NAME</b>	MERTINS, CHRISTINE
<b>STREET ADDRESS</b>	2900 PICKFORD PLACE
<b>CITY-ST-ZIP</b>	PENSACOLA, FL 32503
<b>TITLE</b>	ST
<b>NAME</b>	DE M NOGEIRA, MARIA C
<b>STREET ADDRESS</b>	2900 PICKFORD PLACE
<b>CITY-ST-ZIP</b>	PENSACOLA, FL 32503
<b>TITLE</b>	
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	

**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 all other titles empowered.**

**SIGNATURE:**  **04/01/07**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #