

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 25, 2008 8:00 am**  
**Secretary of State**

04-25-2008 90124 039 \*\*\*\*61.25

**DOCUMENT # N09169**

1. Entity Name  
SHOAL CREEK VILLAS OWNERS ASSOCIATION, INC.



Principal Place of Business  
SHOAL CREEK DRIVE AND SHOAL CREEK COURT  
PENSACOLA, FL 32514

Mailing Address  
PO BOX 15484  
PENSACOLA, FL 32514

40081736



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04182008 Chg-NP CR2E037 (12/06)

4. FEI Number  
59-3276790

Applied For  
Not Applicable

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

## 6. Name and Address of Current Registered Agent

CAGLE, LINDA  
2305 SHOAL CREEK DRIVE  
PENSACOLA, FL 32514

## 7. Name and Address of New Registered Agent

Name Realty Masters of FL  
Street Address (P.O. Box Number is Not Acceptable)  
1719 N 9th Ave  
City Pensacola FL Zip Code 32503

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

Panel A Kee

4/18/08

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, 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

TITLE PD ☒ Delete  
NAME CAGLE, LINDA  
STREET ADDRESS 2305 SHOAL CREEK DRIVE  
CITY-ST-ZIP PENSACOLA, FL 32514

TITLE ~~VB~~ ☐ Delete  
NAME BAKER, DEBORAH  
STREET ADDRESS 8877 SHOAL CREEK COURT  
CITY-ST-ZIP PENSACOLA, FL 32514

TITLE ~~SB~~ ☐ Delete  
NAME CHAPMAN, MELISSA  
STREET ADDRESS 8869 SHOAL CREEK DRIVE  
CITY-ST-ZIP PENSACOLA, FL 32514

TITLE TD ☐ Delete  
NAME VUNKANNON, RENEE  
STREET ADDRESS 2343 SHOAL CREEK DRIVE  
CITY-ST-ZIP PENSACOLA, FL 32514

TITLE D ☒ Delete  
NAME ELLIS, CANDYS  
STREET ADDRESS 2382 SHOAL CREEK DRIVE  
CITY-ST-ZIP PENSACOLA, FL 32514

TITLE D ☒ Delete  
NAME HALL, MICHAEL  
STREET ADDRESS 8888 SHOAL CREEK DRIVE  
CITY-ST-ZIP PENSACOLA, FL 32514

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE VICE PRESIDENT ☐ Change ☒ Addition  
NAME BARRY BAKER  
STREET ADDRESS 8877 SHOAL CREEK COURT  
CITY-ST-ZIP PENSACOLA, FL 32514

TITLE TREASURER ☒ Change ☐ Addition  
NAME ← same as beside  
STREET ADDRESS  
CITY-ST-ZIP

TITLE SECRETARY ☒ Change ☐ Addition  
NAME ← same as beside  
STREET ADDRESS  
CITY-ST-ZIP

TITLE President ☒ Change ☐ Addition  
NAME ← same as beside  
STREET ADDRESS  
CITY-ST-ZIP

TITLE DIRECTOR ☐ Change ☒ Addition  
NAME DEBRA TAYLOR  
STREET ADDRESS 1255 TALL PINE CIRCLE  
CITY-ST-ZIP GULF BREEZE, FL 32561

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
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

Renee L. Vunkannon

Renee L. Vunkannon 4-22-08

850-433  
6860

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #