# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Apr 14, 2009**
**Secretary of State**

DOCUMENT# N09169

**Entity Name:** SHOAL CREEK VILLAS OWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

SHOAL CREEK DRIVE AND SHOAL CREEK COURT
PENSACOLA, FL 32514

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 15484
PENSACOLA, FL 32514

**New Mailing Address:**

4400 BAYOU BLVD
#58
PENSACOLA, FL 32503

**FEI Number: 59-3276790** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

REALTY MASTERS OF FL
1719 N 9TH AVE
PENSACOLA, FL 32503 US

**Name and Address of New Registered Agent:**

REALTY MASTERS OF FL
4400 BAYOU BLVD
#58
PENSACOLA, FL 32503 US

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.

SIGNATURE: PAMELA A. KEEN 04/14/2009
Electronic Signature of Registered Agent Date

**OFFICERS AND DIRECTORS:**

Title: VP ( ) Delete
Name: BAKER, BARRY
Address: 8877 SHOAL CRK CRT
City-St-Zip: PENSACOLA, FL 32514

Title: T ( ) Delete
Name: BAKER, DEBORAH
Address: 8877 SHOAL CREEK COURT
City-St-Zip: PENSACOLA, FL 32514

Title: S ( ) Delete
Name: CHAPMAN, MELISSA
Address: 8869 SHOAL CREEK DRIVE
City-St-Zip: PENSACOLA, FL 32514

Title: P ( ) Delete
Name: VUNKANNON, RENEE
Address: 2343 SHOAL CREEK DRIVE
City-St-Zip: PENSACOLA, FL 32514

Title: D ( ) Delete
Name: TAYLOR, DEBRA
Address: 1255 TALL PINE CIR
City-St-Zip: GULF BREEZE, FL 32561

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: RENEE VUNKANNON P 04/14/2009
Electronic Signature of Signing Officer or Director Date