* 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Apr 25, 2007 8:00 am Secretary of State

1. Entity Nam	NEST HOMEOWNERS' AS	.	04-25-2007 90190 016 ****61.25						
Principal Plac 1131 NESTL GULF BREEZ		Mailing Address 1131 NESTLING CT GULF BREEZE, FL 3256	•						
·		1							
2. Principal Place of Business - No P.O. Box # 3. Ma		3. Mailing Address	Mailing Address		8	ilii II I I I I I I I I I I I I I I I I			
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		g-NP CR2E037 (12/06)				
City & State		City & State	City & State		~	oplied For ot Applicable			
Zip	Country	Zip	Country	5. Certificate of Sta	5. Certificate of Status Desired See Required Fee Required				
	6. Name and Address of Current	Registered Agent	Alam-	7. Name and Addi	ress of New Registered Agent				
ADAMS, J				Name Larry Trivett					
1125 NES	TLING CT EEZE, FL 32563		Street Addre	Street Address (P.O. Box Number is Not Acceptable)					
001. 011.			11	1140 Nestling Drive					
			City Gu	1140 Nestling Drive City Gulf Breeze FL Zip Code 32563					
	named entity submits this statement fo	r the purpose of changing its r							
the obligat	ions of registered agent.	4			1 1				
SIGNATURE	Lary Tru	uff			4/12/67				
	Signature, typed or printed hame of registered agent.	and title if applicable. (NOTE:	Registered Agent signature rea	quired when reinstating)	DATE				
·	Filing Fee is \$61.25 Due by May 1, 2007	9. Election Cam Trust Fund Ca	paign Financing ontribution.	\$5.00 May Be Added to Fees					
10.	OFFICERS AND DIE		11.		S TO OFFICERS AND DIRECTORS IN	110			
TITLE NAME	D GIDDIS, DONNA	🔁 Delete	TITLE NAME	P. Anny oth	: Im + +	Addition			
STREET ADDRESS	1129 NESTLING CT		STREET ADDRESS	Larry tr	19 Dr				
CITY-ST-ZIP	GULF BREEZE, FL 32563	**************************************	CITY-ST-ZIP	a il Aness	5 ET 35283				
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STREET ADDRESS		20000	TITLE	Bub Thom	Li Change	Addition			
	1101 NESTLING CT	3 3 0 0 0 0	NAME STREET ADDRESS	Bob Thom	Change	Addition			
CITY-ST-ZIP			NAME	Bub Thom	Change	Addition			
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TITLE NAME	1101 NESTLING CT GULF BREEZE, FL 32563 PD ADAMS, JUDITH K.	· 	NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	Bob Thom	Ling Dr FL 32563				
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12. I fereby 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.

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SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/14/07

850-932-468

Daytime Phone #