


**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 14, 2008 08:00 AM
Secretary of State

DOCUMENT # N11115 1. Entity Name WAYSIDE HOMEOWNER'S ASSOCIATION, INC.	
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Principal Place of Business 14 W. JORDAN ST. #1-L PENSACOLA, FL 32501 US	Mailing Address 14 W. JORDAN ST. #1-L PENSACOLA, FL 32501 US
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01032008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3641899	Applied For Not Applicable
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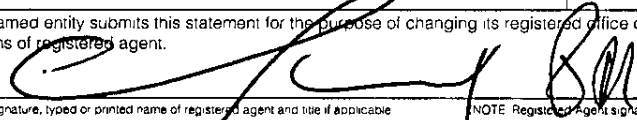
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

PRESTIGE PROPERTIES OF PENSACOLA, INC.
14 W. JORDAN ST
SUITE 1-L
PENSACOLA, FL 32501

**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  DATE 1/10/08

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25
Due by May 1, 2008**


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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PHILLIPS, SHEILA 1440 N. 62 ST AVE #3-8 PENSACOLA, FL 32506
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MORGAN, JEAN 1440 N 61ST AVE #1-A PENSACOLA, FL 32506
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST LCOKHART, SANDRA 1440 N. 61ST AVE #4-A PENSACOLA, FL 32506
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PO MITCHELL, GENE 1440 N 61ST AVE #6-5 PENSACOLA, FL 32506
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000783410
01/16/08-80014-001 61.25

**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 like empowered.

SIGNATURE:  DATE 1/10/08

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR