




**2007 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 11, 2007 08:00 AM**  
**Secretary of State**

|  |   |  |  |
|--|---|--|--|
| <b>DOCUMENT # N11560</b><br>1. Entity Name<br><b>PETERSEN POINT HOMEOWNERS ASSOCIATION, INC.</b>   |   |   |  |
| Principal Place of Business<br><b>7796 PETERSEN PT RD<br/>MILTON, FL 32583</b>   |   | Mailing Address<br><b>7796 PETERSEN PT RD<br/>MILTON, FL 32583 US</b>  |  |
| <b>DO NOT WRITE IN THIS SPACE</b>  |   |    |  |
|  |   | 01072007 No Chg-NP CR2E037 (4/06)  |  |
|  |   | 4. FEI Number<br><b>59-2634362</b>   |  |
|  |   | Applied For<br>Not Applicable  |  |
|  |   | 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>                            |  |
| 6. Name and Address of Current Registered Agent<br><br><b>SIMMONS-JONES, TJ<br/>7796 PETERSEN PT RD<br/>MILTON, FL 32583</b>   |   | <b>DO NOT WRITE<br/>IN THIS SPACE</b>  |  |
| 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 _____<br><small>Signature, typed or printed name of registered agent and title if applicable.</small>  |   |  |  |
| <b>Filing Fee is \$61.25<br/>Due by May 1, 2007</b>  |   | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be<br/>Added to Fees</b> |  |
| 10. OFFICERS AND DIRECTORS   |   | <b>DO NOT WRITE<br/>IN THIS SPACE</b><br><br>000000582804<br>01/11/07-80045-016 61.25                                      |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | PD<br>GORDON, GUY<br>7848 PETERSEN PT RD<br>MILTON, FL 32583        |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | STD<br>SIMMONS-JONES, TJ<br>7796 PETERSEN PT RD<br>MILTON, FL 32583 |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | VPD<br>JERNAGEN, BUG<br>7280 PETERSON PT RD<br>MILTON, FL 32583     |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | D<br>LINDSAY, ALAN<br>7791 PETERSEN PT RD<br>MILTON, FL 32583       |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | D<br>WALDROP, TONY<br>7832 PETERSON PT RD<br>MILTON, FL 32583       |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>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:    |   | 1-7-07   |  |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   |   | Date Daytime Phone #   |  |