


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 03, 2005 8:00 am
Secretary of State

05-03-2005 90062 043 ****61.25

DOCUMENT # N11737 1. Entity Name THE RAMSEY BEACH HOMEOWNERS ASSOCIATION, INC.	
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Principal Place of Business C/O MRS DIANNE SNIDER 3435 MAIKAI DRIVE PENSACOLA FL 32526-2423 US	Mailing Address C/O MRS DIANNE SNIDER 3435 MAIKAI DRIVE PENSACOLA FL 32526-2423 US
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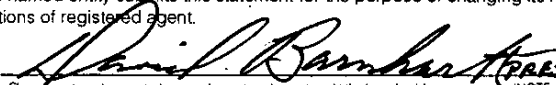
2. Principal Place of Business C/O DAVID BARNHART Suite, Apt. #, etc. 9337 PLUMERIA PL. City & State PENSACOLA, FL 325 Zip 32526 Country USA	3. Mailing Address C/O DAVID BARNHART Suite, Apt. #, etc. 9337 PLUMERIA PL. City & State PENSACOLA FL Zip 32526 Country USA
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1st MOORE CR2E037 (10/04)

4. FEI Number 59-2659606	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SNIDER, DIANNE (MRS) 3435 MAIKAI DRIVE PENSACOLA FL 32526	
7. Name and Address of New Registered Agent Name DAVID BARNHART Street Address (P.O. Box Number is Not Acceptable) 9337 PLUMERIA PL. City PENSACOLA FL Zip Code 32526	

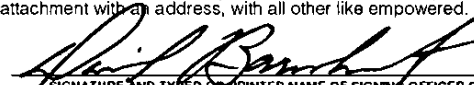
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE  **DAVID BARNHART** 4-27-05
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS \$61.25 Due By May 1, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SNIDER, DIANNE 3435 MAIKAI DRIVE PENSACOLA FL 32526 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DAVID BARNHART 9337 PLUMERIA PL PENSACOLA FL 32526 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD DANIELS, WAYNE 3465 MAIKAI DRIVE PENSACOLA FL 32526 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD SNIDER, PAUL 3435 MAIKAI DRIVE PENSACOLA FL 32526 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD JOHN F SCHLEICH 3492 MAIKAI DR. PENSACOLA FL 32526 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD ROSEBROUGH, WAYNE 3551 MAIKAI DRIVE PENSACOLA FL 32526 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD CINDY SCLASE 3472 MAIKAI DR. PENSACOLA FL 32526 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AMD MCLEOD, BRUCE P 5643 BAY FOREST DRIVE PENSACOLA FL 32526 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:  **DAVID BARNHART** 4-27-05 (850) 457-8060
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #