

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 19, 2007 8:00 am**  
**Secretary of State**

02-19-2007 90054 026 \*\*\*\*61.25

**DOCUMENT # N11737**

1. Entity Name

**THE RAMSEY BEACH HOMEOWNERS ASSOCIATION, INC.**



Principal Place of Business

C/O DAVID BARNHART  
9337 PLUMERIA PL  
PENSACOLA FL 32526  
US

Mailing Address

C/O DAVID BARNHART  
9337 PLUMERIA PL  
PENSACOLA FL 32526  
US



2. Principal Place of Business - No P.O. Box #

**C/O SANDRA CHANCELLOR**

Suite, Apt. #, etc.

**3451 MAI KAI DR**

City & State

**PENSACOLA FL**

Zip  
**32526**

Country  
**US**

3. Mailing Address

**C/O SANDRA CHANCELLOR**

Suite, Apt. #, etc.

**3451 MAI KAI DR**

City & State

**PENSACOLA FL**

Zip  
**32526**

Country  
**US**

1st MOORE

CR2E037 (10/06)

4. FEI Number

**59-2659606**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**CHANCELLOR, SANDRA  
3451 MAI KAI DR  
PENSACOLA FL 32526**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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

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, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**Make Check Payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE PD ☐ Delete  
NAME CHANCELLOR, SANDRA  
STREET ADDRESS 3451 MAI KAI DR  
CITY- ST- ZIP PENSACOLA FL 32526

TITLE VPD ☐ Delete  
NAME DANIELS, WAYNE  
STREET ADDRESS 3465 MAIKAI DRIVE  
CITY- ST- ZIP PENSACOLA FL 32526

TITLE TD ☐ Delete  
NAME SCHLEICH, JOHN F  
STREET ADDRESS 3492 MAI KAI DRIVE  
CITY- ST- ZIP PENSACOLA FL 32526

TITLE SD ☐ Delete  
NAME SCLEASE, CINDY  
STREET ADDRESS 3472 MAI KAI DRIVE  
CITY- ST- ZIP PENSACOLA FL 32526

TITLE AMD ☐ Delete  
NAME MCLEOD, BRUCE P  
STREET ADDRESS 5643 BAY FOREST DRIVE  
CITY- ST- ZIP PENSACOLA FL 32526

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE ☐ Change ☐ Addition  
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TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *Sandra Chancellor* SANDRA CHANCELLOR

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Feb 6, 07 850 433 4643

DATE DAYTIME PHONE #