2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 07, 2008
Secretary of State

DOCUMENT# N11737

Entity Name: THE RAMSEY BEACH HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

C/O DAVID BARNHART
345 MAI KAI DR
PENSACOLA, FL 32526 US

New Principal Place of Business:

Current Mailing Address:

C/O DAVID BARNHART
345 MAI KAI DR
PENSACOLA, FL 32526 US

New Mailing Address:

C/O JOHN F. SCHLEICH
3492 MAI KAI DR.
PENSACOLA, FL 32526 US

FEI Number: 59-2659606 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	PD	( ) Delete
Name:	CHANCELLOR, SANDRA	
Address:	3451 MAI KAI DR	
City-St-Zip:	PENSACOLA, FL 32526	
Title:	VPD	( ) Delete
Name:	DANIELS, WAYNE	
Address:	3465 MAIKAI DRIVE	
City-St-Zip:	PENSACOLA, FL 32526	
Title:	TD	( ) Delete
Name:	SCHLEICH, JOHN F	
Address:	3492 MAI KAI DRIVE	
City-St-Zip:	PENSACOLA, FL 32526	
Title:	SD	( ) Delete
Name:	SCLEASE, CINDY	
Address:	3472 MAI KAI DRIVE	
City-St-Zip:	PENSACOLA, FL 32526	
Title:	AMD	( ) Delete
Name:	MCLEOD, BRUCE P	
Address:	5643 BAY FOREST DRIVE	
City-St-Zip:	PENSACOLA, FL 32526	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOHN F. SCHLEICH TD 04/07/2008

Electronic Signature of Signing Officer or Director — Date