

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N12316

FILED  
Jul 17, 2008  
Secretary of State

**Entity Name:** INVERNESS HOMEOWNERS ASSOCIATION OF PENSACOLA, INC.

**Current Principal Place of Business:**

2205 INVERNESS DR.  
PENSACOLA, FL 32503 US

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 30579  
PENSACOLA, FL 32503 US

**New Mailing Address:**

**FEI Number:** 59-2592029 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

LESON, KURT  
2225 INVERNESS DRIVE  
PENSACOLA, FL 32503 US

**Name and Address of New Registered Agent:**

LARSON, LINDA  
2225 INVERNESS DRIVE  
PENSACOLA, FL 32503 US

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: LINDA LARSON

07/17/2008

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: HEMPHILL, DAVE  
Address: 2205 INVERNESS DR.  
City-St-Zip: PENSACOLA, FL 32503

Title: D ( ) Delete  
Name: ROGERS, SAM O. JR.,  
Address: 2871 BELLE CHRISTIANE CR  
City-St-Zip: PENSACOLA, FL 32503

Title: D ( ) Delete  
Name: DOLLARHIDE, BILL  
Address: 2840 BELLE CHRISTIANE CR  
City-St-Zip: PENSACOLA, FL 32503

**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:

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: DAVID K. HEMPHILL

TREA

07/17/2008

Electronic Signature of Signing Officer or Director

Date