

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N14125

FILED  
Apr 23, 2007  
Secretary of State

**Entity Name:** NEALLEY BUSINESS VILLAGE OWNERS' ASSOCIATION, IN

**Current Principal Place of Business:**

LYNN DRIVE  
SANTA ROSA BEACH, FL 32459 US

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 1247  
SANTA ROSA BEACH, FL 32459 US

**New Mailing Address:**

**FEI Number:** 59-2869688

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

STENBERG, CYNTHIA T  
56 SPIRES LANE UNIT 17A  
SANTA ROSA BEACH, FL 32459 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: BRYANT, GARY  
Address: 111 LYNN DRIVE  
City-St-Zip: SANTA ROSA BEACH, FL 32459

Title: VPD ( ) Delete  
Name: KENNEDY, JACK  
Address: PO BOX 1204  
City-St-Zip: SANTA ROSA BEACH, FL 32459

Title: TD ( ) Delete  
Name: HOLLOWAY, JIMBO  
Address: 46 OYSTER LAKE DRIVE  
City-St-Zip: SANTA ROSA BEACH, FL 32459

Title: SD ( ) Delete  
Name: TANNER, JIM  
Address: 1497 E NURSERY ROAD  
City-St-Zip: SANTA ROSA BEACH, FL 32459

Title: D ( ) Delete  
Name: CASEY, KERIN  
Address: 182 LYNN DRIVE  
City-St-Zip: SANTA ROSA BEACH, FL 32459

**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 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: JIMBO HOLLOWAY

T

04/23/2007

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date