

# **2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N20829

**FILED**  
**Mar 15, 2012**  
**Secretary of State**

**Entity Name:** PENSACOLA STREET NEIGHBORHOOD ASSOCIATION, INC.

**Current Principal Place of Business:**

25 CENTRAL SQUARE  
H-2  
SANTA ROSA BEACH, FL 32459 US

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 4957  
SANTA ROSA BEACH, FL 32459 US

**New Mailing Address:**

**FEI Number:** 59-2896346

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

ANCHORS, MICHELLE  
2113 LEWIS TURNER BLVD  
SUITE 100  
FORT WALTON BEACH, FL 32547 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  
Name: MESTRE, JOSE  
Address: 5275 GREYSTONE WAY  
City-St-Zip: BIRMINGHAM, AL 35242 US

Title: VPD  
Name: ELSAS, ELLEN  
Address: 3408 BETHUNE DRIVE  
City-St-Zip: BIRMINGHAM, AL 35223 US

Title: TD  
Name: BARNES, ALAN  
Address: 366 STABLES COURT  
City-St-Zip: SANDY SPRINGS, GA 30350 US

Title: SD  
Name: CIRINCIONE, JANICE  
Address: 19815 SPRING CREEK ROAD  
City-St-Zip: HAGERSTOWN, MD 30126 US

I hereby 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 all other like empowered.

SIGNATURE: JOSE MESTRE

PD

03/15/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date