

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N22015

FILED  
Feb 28, 2012  
Secretary of State

**Entity Name:** RUSKIN PLACE ARTISTS COLONY 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:** 59-2896349      **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: CHAMPION, KEN  
Address: 4487 BELVEDERE  
City-St-Zip: MARIETTA, GA 30067 US

Title: VPD  
Name: GOODNOUGH, TIM  
Address: 771 BUENA VISTA AVENUE WEST  
City-St-Zip: SAN FRANCISCO, CA 94117 US

Title: STD  
Name: FORSYTHE, BILL  
Address: P.O. BOX 4892  
City-St-Zip: SANTA ROSA BEACH, FL 32459 US

Title: D  
Name: GRANBERRY, MICHAEL  
Address: P.O. BOX 4803  
City-St-Zip: SANTA ROSA BEACH, FL 32459 US

Title: D  
Name: YARBOROUGH, SAM  
Address: P.O. BOX 8  
City-St-Zip: ALBANY, GA 31702

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: KEN CHAMPION

PD

02/28/2012

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

\_\_\_\_\_  
Date