
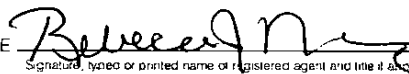


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Jun 26, 2007 8:00 am**  
**Secretary of State**

06-26-2007 90001 040 \*\*\*\*61.25

<b>DOCUMENT # N25363</b>			
1. Entity Name <b>THE DOCKS ON OLD RIVER CONDOMINIUM ASSOCIATION, INC.</b>			
Principal Place of Business <b>16310 PERDIDO KEY DRIVE PENSACOLA FL 32507</b>		Mailing Address <b>P.O. BOX 17949 PENSACOLA FL 32522</b>	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address <b>PO Box 34455</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc. <b>Pensacola Fl.</b>	
City & State		City & State	
Zip <b>32507</b>	Country	Zip <b>32507</b>	Country
4. FEI Number <b>31-1245639</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent <b>KLUG, DANIEL M 1015 PEARSON ROAD MILTON FL 32583</b>		7. Name and Address of New Registered Agent Name <b>Rebecca Nadolny</b> Street Address (P.O. Box Number is Not Acceptable) <b>16787 Perdido Key Or E 704</b> City <b>Pensacola</b> FL Zip Code <b>32507</b>	
8. 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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE 		SIGNATURE <b>Rebecca J Nadolny Assoc Mgr 4/27/07</b> (NOTE: Registered Agent signature required when reinstating)	
<b>FILE NOW: FEE IS \$61.25 Due By May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
		<b>Make Check Payable to Florida Department of State</b>	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD BOLLS, TERRY 1429 TIGER LAKE DR GULF BREEZE FL 32561 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD Grider, Pam <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 222 Henry Taylor Rd Newmarket, AL 35761
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD SKIPPER, ERIC 15724 BOWLEGS REEF PENSACOLA FL 32507 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD HUNTER, SAM 2913 BRETT CIRCLE ACWORTH GA 30101 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D VAN MULLEN, FRANK 4 AUDUBON PLACE HAMMOND LA 70401 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	D Vanmullen, Mary <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 4 Audubon Pl Hammond, LA 70401
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD DANIEL, KLUG M 1015 PEARSON ROAD MILTON FL 32583 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD Fornander, Hakan <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 15647 Ridge Rd Summerdale, AL 36580

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate, and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with or without the empowered.

**SIGNATURE:**  **Treasurer** **4/27/07 850-623-6210**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #