

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2007 8:00 am
Secretary of State

05-02-2007 90065 012 ****61.25

DOCUMENT # N25709

1. Entity Name
NATCHEZ STREET NEIGHBORHOOD ASSOCIATION, INC.



Principal Place of Business
**P.O. BOX 4957
SEASIDE, FL 32459**

Mailing Address
**P.O. BOX 4957
SEASIDE, FL 32459**

400300



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

03142007 Chg-NP CR2E037 (12/06)

4. FEI Number
59-2938064

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**NEWMAN, RAYMOND F
348 MIRACLE STRIP PARKWAY SW
PARADISE VILLAGE, SUITE 7
FORT WALTON BEACH, FL 32548**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☐ Delete
NAME REINHARD, SARAH
STREET ADDRESS P.O. BOX 4687
CITY-ST-ZIP SANTA ROSA BEACH, FL 32459

TITLE S/D ☒ Change ☐ Addition
NAME Carphy, John
STREET ADDRESS 4304 Carriage Lane
CITY-ST-ZIP Destin, FL 32541

TITLE VPD ☐ Delete
NAME CURPHY, JOHN
STREET ADDRESS 4307 CARRIAGE LANE
CITY-ST-ZIP DESTIN, FL

TITLE V/D ☐ Change ☒ Addition
NAME Meyer, Whity
STREET ADDRESS 401 Conway Aire Lane
CITY-ST-ZIP St. Louis, MO 63141

TITLE STD ☐ Delete
NAME TOOLE, ED
STREET ADDRESS 4313 LARCHMOUT
CITY-ST-ZIP DALLAS, TX 75205

TITLE T/D ☒ Change ☐ Addition
NAME Toole, Ed
STREET ADDRESS 4313 Larchmont
CITY-ST-ZIP Dallas, TX 75205

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4.30.2007

Date

Daytime Phone #