

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N26473

FILED  
Apr 14, 2009  
Secretary of State

**Entity Name:** LA MIRAGE HOMEOWNERS ASSOCIATION OF PENSACOLA, FINC.

**Current Principal Place of Business:**

PO BOX 10631 (32524)  
PENSACOLA, FL 32504 US

**New Principal Place of Business:**

LA MIRAGE  
PENSACOLA, FL 32504 US

**Current Mailing Address:**

PO BOX 10631 (32524)  
PENSACOLA, FL 32504 US

**New Mailing Address:**

**FEI Number:** 59-2887913      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

HUFFORD, JOHN  
4360 LA MIRAGE  
PENSACOLA, FL 32504 US

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

BARE, DOROTHY  
4410 LA JOLLA  
PENSACOLA, FL 32504 US

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: DOROTHY BARE

04/14/2009

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: VD ( ) Delete  
Name: HOGAN, KEVIN  
Address: 4371 LAMIRAGE  
City-St-Zip: PENSACOLA, FL 32504

Title: PD ( ) Delete  
Name: HARRISON, LYN  
Address: 4470 LA JOLLA  
City-St-Zip: PENSACOLA, FL 32504

Title: D ( ) Delete  
Name: SEYMOUR, DEE  
Address: 4490 LA JOLK  
City-St-Zip: PENSACOLA, FL 32504

Title: D ( ) Delete  
Name: BRYAN, SUSIE  
Address: 4441 CHULA VISTA  
City-St-Zip: PENSACOLA, FL 32504

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: VD (X) Change ( ) Addition  
Name: DEFRANCO, JESSICA  
Address: 4480 LAMIRAGE  
City-St-Zip: PENSACOLA, FL 32504

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: D (X) Change ( ) Addition  
Name: ENG, GENE  
Address: 4481 LA MIRAGE  
City-St-Zip: PENSACOLA, FL 32504

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: LYN HARRISON

PD

04/14/2009

Electronic Signature of Signing Officer or Director

Date