

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N26473

FILED  
Feb 15, 2011  
Secretary of State

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

**Current Principal Place of Business:**

LA MIRAGE  
PENSACOLA, FL 32504 US

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 10631  
PENSACOLA, FL 32524 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:**

WOODROOF, OLEN C JR.  
6570 CHULA VISTA  
PENSACOLA, FL 32504 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:** WOODROOF, OLEN C JR  
**Address:** 6570 CHULA VISTA  
**City-St-Zip:** PENSACOLA, FL 32504 US

**Title:** VPD  
**Name:** BOEHNKE, BRENT  
**Address:** 4320 COSTA MESA  
**City-St-Zip:** PENSACOLA, FL 32504 US

**Title:** SD  
**Name:** JESSICA, DEFRANCO  
**Address:** 4480 LA MIRAGE  
**City-St-Zip:** PENSACOLA, FL 32504 US

**Title:** TD  
**Name:** DODI, GAMPER  
**Address:** 4400 LA MIRAGE  
**City-St-Zip:** PENSACOLA, FL 32504 US

**Title:** D  
**Name:** ENG, GENE  
**Address:** 4481 LA MIRAGE  
**City-St-Zip:** PENSACOLA, FL 32504 US

**Title:** D  
**Name:** BRYAN, SUSIE  
**Address:** 4441 CHULA VISTA  
**City-St-Zip:** PENSACOLA, FL 32504 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:** DODI GAMPER

TD

02/15/2011

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

\_\_\_\_\_  
Date