

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N34163

FILED  
Mar 02, 2007  
Secretary of State

**Entity Name:** PORT PANACEA VILLAGE HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

P.O.BOX 142  
PANACCA, FL 32346 US

**New Principal Place of Business:**

BOX 142  
PANACCA, FL 32346 US

**Current Mailing Address:**

P.O.BOX 142  
PANACCA, FL 32346 US

**New Mailing Address:**

BOX 142  
PANACCA, FL 32346 US

**FEI Number:** 56-1642652

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

CRUM, ELOISE  
5 CRUM DRIVE  
PANACEA, FL 32346 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 ( ) Delete  
Name: BARFIELD, TROY  
Address: 115 MAGNOLIA LANE  
City-St-Zip: BAINBRIDGE, GA 31718

Title: VP/T ( ) Delete  
Name: MITCHELL, MARK  
Address: 2147 PINK FLAMINGO LN  
City-St-Zip: TALLAHASSEE, FL 32308

Title: ST ( ) Delete  
Name: MITCHELL, MATT  
Address: 156 GOOSE CREEK TRL  
City-St-Zip: TALLAHASSEE, FL 32317

Title: BD ( ) Delete  
Name: STINSON, WILL  
Address: 135 DUNCAN DR  
City-St-Zip: CRAWFORDVILLE, FL 32327

Title: BD ( ) Delete  
Name: UNDERWOOD, GRADY  
Address: 4336 ROCKINGHAM ROAD  
City-St-Zip: TALLAHASSEE, FL 32303

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

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

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

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the 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: MARK MITCHELL

VP/T

03/02/2007

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

\_\_\_\_\_  
Date