2005 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT**

May 02, 2005 8:00 am Secretary of State **DOCUMENT # N37629** 05-02-2005 90456 020 ****61.25 OLD EAST HILL PROPERTY OWNERS ASSOCIATION. Principal Place of Business Mailing Address 20014204 4168 LONGWOOD CIRCLE 4168 LONGWOOD CIRCLE **GULF BREEZE, FL 32561** GULF BREEZE, FL 32561 2. Principal Place of Business 3. Mailing Address Rug Rua St. 714 E. Suite, Apt. #, etc. Suite, Apt. #, etc. 04202005 Chg-NP CR2E037 (10/03) FEI Number 59-3004420 Applied For tensaco19 ensa Not Applicable \$8.75 Additional 5. Certificate of Status Desired וס Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Murray GREEN, JO 4168 LONGWOOD CIRCLE Box Number is Not Acceptable) GULF BREEZE, FL 32561 Pensacok 6. 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. una SIGNATURE (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be Added to Fees Make check payable to Filing Fee is \$61.25 Due by May 1, 2005 Trust Fund Contribution. Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. PD TITLE ☐ Delete TITLE ☐ Change ☐ Addition Rev. Delbert Murray 714 E. La Rua ST Pensacola, FL 325 GREEN, JO NAME NAME 416 E. BELMONT STREET STREET ADDRESS STREET ADDRESS CITY-ST-7IP PENSACOLA, FL 32501 CITY-ST-ZIP 10 Change Addition TITLE Delete TITLE ٧D TRIPP, JR. C Chip Spirso NAME NAME 710 N. 7TH AVE. STREET ADDRESS STREET ADDRESS 39201 CITY-ST-7IP CITY-ST-7IP PENSACOLA, FL Pensquila DST Delete TITLE ☐ Addition TITLE Janna Boyd 1025 E. Grasden Pon Sacola, FL RICHEY, ROBBIE NAME 410 E. BELMONT ST STREET ADORESS STREET ADDRESS CITY-ST-ZIP PENSACOLA, FL 32501 CITY-ST-ZIP 32501 ☐ Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-7IP CITY-ST-7IP ☐ Delete TITLE ☐ Change ☐ Addition MILE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE □ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS

12. Thereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(I), Florida Statutes. I further certify that the information indicated on this report or suppliemental 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 MAKE OF SASTED MAKE OF SAS

CITY-ST-ZIP

CITY-ST-7IP

850 429-9836

FILED