

**2007 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 16, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # N44454**

1. Entity Name  
**PALM BEACH CLUB HOMEOWNERS' ASSOCIATION, INC.**



Principal Place of Business  
**1390 FT PICKENS RD  
PENSACOLA BCH., FL 32561**

Mailing Address  
**127 PALAFOX PLACE  
SUITE 200  
PENSACOLA, FL 32502**



01032007 No Chg-NP

CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-3116312**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**6. Name and Address of Current Registered Agent -**

**JME MANAGEMENT CO.  
22 A VIA DE LUNA  
PENSACOLA, FL 32561**

**DO NOT WRITE  
IN THIS SPACE**

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

**10. OFFICERS AND DIRECTORS**

TITLE	D
NAME	WAY, CONNIE
STREET ADDRESS	1390 FT PICKENS RD #211
CITY-ST-ZIP	PENSACOLA BEACH, FL 32561
TITLE	V
NAME	GRAY, LOGAN
STREET ADDRESS	308 BIBB AVE
CITY-ST-ZIP	AUBURN, AL 36830
TITLE	S
NAME	GORDON, SUZI
STREET ADDRESS	22 WESTFAIR COURT NE
CITY-ST-ZIP	ATLANTA, GA 30328
TITLE	D
NAME	BLEWS, MONTE
STREET ADDRESS	1390 FT. PICKENS RD. #213
CITY-ST-ZIP	PENSACOLA BEACH, FL 32561
TITLE	P
NAME	HARGER, BECKY
STREET ADDRESS	4712 WILLIAMSBURG DR
CITY-ST-ZIP	BATON ROUGE, LA 70817
TITLE	D
NAME	MEACHAMAN, CAROL
STREET ADDRESS	1390 FT PICKENS RD
CITY-ST-ZIP	PENSACOLA BEACH, FL 32561

**DO NOT WRITE  
IN THIS SPACE**

000000712751  
04/26/07-80061-012 61.25

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

4/11/07

Date

850-9321019

Daytime Phone