

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N46561

FILED
Apr 26, 2007
Secretary of State

Entity Name: PARASOL HOMEOWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

13880 PERDIDO KEY DR
PENSACOLA, FL 32507 US

New Principal Place of Business:

Current Mailing Address:

13880 PERDIDO KEY DR
PENSACOLA, FL 32507 US

New Mailing Address:

FEI Number: 59-3178826 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BEUMER, BRENDA
13880 PERDIDO KEY DR
36498 EMERALD COAST PKWY., SUITE 1101
PENSACOLA, FL 32507 US

Name and Address of New Registered Agent:

BEUMER, BRENDA
13880 PERDIDO KEY DR
PENSACOLA, FL 32507 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: BRENDA BEUMER

04/26/2007

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: BRIDGES, JOHN
Address: 1251 PARASOL PLACE
City-St-Zip: PENSACOLA, FL 32507

Title: VP () Delete
Name: EWING, RALPH
Address: 1216 PARASOL PLACE
City-St-Zip: PENSACOLA, FL 32507

Title: S/T () Delete
Name: MASSEY, BOB
Address: 1259 PARASOL PLACE
City-St-Zip: PENSACOLA, FL 32507

Title: D () Delete
Name: COX, ED
Address: 451 PAIGE CIRCLE
City-St-Zip: BIRMINGHAM, AL 35221

Title: D (X) Delete
Name: WALDEN, TIM
Address: 4008 FAIRCHASE LANE
City-St-Zip: BIRMINGHAM, AL 35244

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: ANDERSON, J.D.
Address: 1230 PARASOL PLACE
City-St-Zip: PENSACOLA, FL 32507

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

Title: S (X) Change () Addition
Name: MASSEY, BOB
Address: 1259 PARASOL PLACE
City-St-Zip: PENSACOLA, FL 32507

Title: T (X) Change () Addition
Name: THOMAS, BOB
Address: 1256 PARASOL PLACE
City-St-Zip: PENSACOLA, FL 32507

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: J.D. ANDERSON

P

04/26/2007

Electronic Signature of Signing Officer or Director

Date