

2007 NOT-FOR-PROFIT CORPORATE ANNUAL REPORT (AR)

FILED
Feb 12, 2007 8:00 am
Secretary of State

02-12-2007 90105 002 ****61.25



| | |
|---|---|
| DOCUMENT # N49892 | |
| 1. Entity Name POMPHELY MANOR OWNERS ASSOCIATION, INC. | |
| Principal Place of Business 2021 GRAYSON D NAVARRE FL 32566 US | Mailing Address 2021 GRAYSON D NAVARRE FL 32566 US |
| 2. Principal Place of Business - No P.O. Box # 2037 Grayson Dr. Navarre, FL | 3. Mailing Address 2037 Grayson Dr. Navarre, FL |
| City & State | City & State |



1st MOORE CR2E037 (10/06)

| | |
|---|--|
| 4. FEI Number 59-3177591 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
| Zip 32566 | Country USA |
| Zip 32566 | Country USA |

| | |
|---|---|
| 6. Name and Address of Current Registered Agent BATTIN, JEFFREY 2021 GRAYSON DR NAVARRE FL 32566 | 7. Name and Address of New Registered Agent Name: JAN C. Binnicker Street Address (P.O. Box Number is Not Acceptable): 2037 Grayson Dr. City: Navarre FL Zip Code: 32566 |
|---|---|

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: JAN C. Binnicker, Treasurer DATE: 31 January 2007

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)

| | | | |
|--|--|-----------------------------|--|
| FILE NOW: FEE IS \$61.25 Due By May 1, 2007 | 9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | \$5.00 May Be Added to Fees | Make Check Payable to Florida Department of State |
|--|--|-----------------------------|--|

| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | |
|--|--|---|--|
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | VPD FLEMING, MAX D 2020 GRAYSON DR NAVARRE FL 32566 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | TD BATTIN, JEFFREY L 2021 GRAYSON DR NAVARRE FL 32566 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | TD JAN C. Binnicker 2037 Grayson Dr. Navarre, FL 32566 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | P MEILL, MIKE 2028 GRAYSON DR NAVARRE FL 32566 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | William Rutter 2040 Grayson Dr. Navarre, FL 32566 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | S GILLEY, CYNTHIA 2024 GRAYSON DR NAVARRE FL 32566 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: JAN C. Binnicker JAN C. Binnicker 01.31.07 (850) 936-9741

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #