# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Apr 26, 2007**
**Secretary of State**

DOCUMENT# N93000003748

**Entity Name:** PARASOL WEST 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: 59-3222281** **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.
PENSACOLA, FL 32507 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: | CLARKE, PETER | |
| Address: | 369 GULFVIEW LANE | |
| City-St-Zip: | PENSACOLA, FL 32507 | |
| Title: | DVP | ( ) Delete |
| Name: | DURETT, GREG | |
| Address: | 1239 MULBERRY CT | |
| City-St-Zip: | MURFREESBORO, TN 37130 | |
| Title: | D | ( ) Delete |
| Name: | DOMINGUEZ, PETER | |
| Address: | 340 GULF VIEW LANE | |
| City-St-Zip: | PENSACOLA, FL 32507 | |
| Title: | D | ( ) Delete |
| Name: | LOCK, RON | |
| Address: | 22 ASTON AVE SUITE 2 | |
| City-St-Zip: | MCCOMB, MS 39648 | |
| Title: | D | ( ) Delete |
| Name: | COLUMBIA, RICK MR. | |
| Address: | 3942 ASHFORD TRAIL, NE | |
| City-St-Zip: | ATLANTA, GA 30319 | |
| Title: | D | ( ) Delete |
| Name: | BEUMER, BRENDA | |
| Address: | 13880 PERDIDO KEYDRIVE | |
| City-St-Zip: | PENSACOLA, FL 32507 | |

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

| | | |
|---|---|---|
| Title: | P | (X) Change ( ) Addition |
| Name: | CLARKE, PETER | |
| Address: | 369 GULFVIEW LANE | |
| City-St-Zip: | PENSACOLA, FL 32507 | |
| 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 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: PETER CLARKE PD 04/26/2007

Electronic Signature of Signing Officer or Director — Date