

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000003748

FILED  
Apr 13, 2009  
Secretary of State

**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: P ( ) Delete  
Name: CLARKE, PETER  
Address: 369 GULFVIEW LANE  
City-St-Zip: PENSACOLA, FL 32507

Title: VP ( ) Delete  
Name: COLUMBIA, RICK  
Address: 382 GULF VIEW LANE  
City-St-Zip: PENSACOLA, FL 32507

Title: S ( ) Delete  
Name: BEUMER, BRENDA  
Address: 13880 PERDIDO KEY DRIVE  
City-St-Zip: PENSACOLA, FL 32507

Title: BD ( ) Delete  
Name: HALL, ANDY  
Address: 325 GULF VIEW LANE  
City-St-Zip: PENSACOLA, FL 32507

Title: BD ( ) Delete  
Name: DOMINGUEZ, PETE  
Address: 340 GULF VIEW LANE  
City-St-Zip: PENSACOLA, FL 32507

Title: BD ( ) Delete  
Name: LOCK, RON  
Address: 222 ASTON AVE., STE 2  
City-St-Zip: MC COMB, MS 39648

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

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

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

Title: S/T (X) Change ( ) Addition  
Name: BEUMER, BRENDA  
Address: 13880 PERDIDO KEY DRIVE  
City-St-Zip: PENSACOLA, FL 32507

Title: BD (X) Change ( ) Addition  
Name: TURNER, JEFF  
Address: 370 GULF VIEW LANE  
City-St-Zip: PENSACOLA, FL 32507

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: CHERIE J. DEAN

MGR

04/13/2009

Electronic Signature of Signing Officer or Director

Date