


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 24, 2006 8:00 am**  
**Secretary of State**

04-24-2006 90351 045 \*\*\*\*61.25

<b>DOCUMENT # N94000002132</b>	
1. Entity Name <b>HARBOUR POINTE ASSOCIATION OF PENSACOLA, INC.</b>	

Principal Place of Business <b>3298 SUMMIT BLVD. STE. 4 PENSACOLA, FL 32503 US</b>	Mailing Address <b>3298 SUMMIT BLVD. STE. 4 PENSACOLA, FL 32503 US</b>
---	---

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



04112006 Chg-NP CR2E037 (11/05)

4. FEI Number <b>59-3251635</b>		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>		

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
<b>ETHERIDGE, RAY O 3298 SUMMIT BLVD. STE 4 PENSACOLA, FL 32503</b>		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		FL Zip Code	

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>Filing Fee is \$61.25 Due by May 1, 2006</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	<b>Make check payable to Florida Department of State</b>
---	--	--

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD BRAY, RUDY 538 WINDROSE CIR PENSACOLA, FL 32507 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D <input checked="" type="checkbox"/> Delete HAYWARD, ASHTON 2299 SCENIC HWY BH-4 PENSACOLA, FL 32503	TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Remke, Andy 513 Windrose Circle Pensacola, FL 32507
TITLE NAME STREET ADDRESS CITY - ST - ZIP	STD <input type="checkbox"/> Delete HART, ANNE 510 WINDROSE CIR PENSACOLA, FL 32507	TITLE NAME STREET ADDRESS CITY - ST - ZIP	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPD <input type="checkbox"/> Delete HOPKINS, E W 560 WINDROSE CIR PENSACOLA, FL 32507	TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D <input checked="" type="checkbox"/> Delete ETHERIDGE, RAY O 3295 SUMMIT BLVD STE 4 PENSACOLA, FL 32503	TITLE NAME STREET ADDRESS CITY - ST - ZIP	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Dickson, Kathy 526 Windrose Circle Pensacola, FL 32507
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	STD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Coffey, Kim 3298 Summit Blvd Ste 44 Pensacola, FL 32503

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:** E. W. Hopkins **4/12/06** **850 434-2244**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #