

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000004986

FILED
Jan 06, 2005
Secretary of State

Entity Name: PRITCHARD POINT HOMEOWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

C/O CHARLES L. MILLER, SEC/TREASURER
2020 PRITCHARD POINT DRIVE
NAVARRE, FL 325663006

New Principal Place of Business:

C. THOMAS SUTTON
2052 PRITCHARD POINT DRIVE
NAVARRE, FL 325663006

Current Mailing Address:

C/O ANN GRIMES, SECRETARY/TREASURER
2059 PRITCHARD POINT DRIVE
NAVARRE, FL 325663006

New Mailing Address:

C. THOMAS SUTTON TREAS
2052 PRITCHARD POINT DRIVE
NAVARRE, FL 325663006

FEI Number: 59-3265034

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PROCTOR, JOHN R PRES
2067 PRITCHARD POINT DR
NAVARRE, FL 325663006 US

Name and Address of New Registered Agent:

PROCTOR, JOHN R
2067 PRITCHARD POINT DR
NAVARRE, FL 325663006 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: JOHN R. PROCTOR

01/06/2005

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: GRIMES, ANN
Address: 2059 PRITCHARD PT DR.
City-St-Zip: NAVARRE, FL 32566 US

Title: TD () Delete
Name: SUTTON, TOM
Address: 2052 PRITCHARD PT DR
City-St-Zip: NAVARRE, FL 32566 US

Title: VSD () Delete
Name: RUZOWSKI, EVERETT
Address: PRITCHARD PT DR
City-St-Zip: NAVARRE, FL 32566 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: PROCTOR, JOHN R
Address: 2067 PRITCHARD PT DR.
City-St-Zip: NAVARRE, FL 32566 US

Title: TRS (X) Change () Addition
Name: SUTTON, TOM
Address: 2052 PRITCHARD PT DR
City-St-Zip: NAVARRE, FL 32566 US

Title: VP (X) Change () Addition
Name: PIERCY, FRANCES
Address: 2064 PRITCHARD PT DR
City-St-Zip: NAVARRE, FL 32566 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: JOHN R. PROCTOR

PD

01/06/2005

Electronic Signature of Signing Officer or Director

Date