

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000004986

FILED  
Jan 09, 2006  
Secretary of State

**Entity Name:** PRITCHARD POINT HOMEOWNERS' ASSOCIATION, INC.

**Current Principal Place of Business:**

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

**New Principal Place of Business:**

2052 PRITCHARD POINT DR.  
NAVARRE, FL 325663006

**Current Mailing Address:**

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

**New Mailing Address:**

2052 PRITCHARD POINT DR  
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  
2067 PRITCHARD POINT DR  
NAVARRE, FL 325663006 US

**Name and Address of New Registered Agent:**

WILLIAMS, DIANE  
10079 PRITCHARD POINT CIRCLE  
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: DIANE WILLIAMS

01/09/2006

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

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

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

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

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

Title: PD (X) Change ( ) Addition  
Name: WILLIAMS, DIANE  
Address: 10079 PRITCHARD PT CIRCLE  
City-St-Zip: NAVARRE, FL 32566 US

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

Title: VP (X) Change ( ) Addition  
Name: FULCHER, JOSEPH  
Address: 2033 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 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: THOMAS SUTTON

TRS

01/09/2006

Electronic Signature of Signing Officer or Director

Date