2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 18, 2007 8:00 am
Secretary of State
01-18-2007 90111 009 ****61.25

DOCUMENT # N94000004986

1. Entity Name
PRITCHARD POINT HOMEOWNERS' ASSOCIATION, INC.

Principal Place of Business
2052 PRITCHARD POINT DR.
NAVARRE, FL 32566-3006

Mailing Address
2052 PRITCHARD POINT DR
NAVARRE, FL 32566-3006

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip | Country

Zip | Country

01032007 Chg-NP CR2E037 (12/06)

4. FEI Number 59-3265034 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

WILLIAMS, DIANE
10079 PRITCHARD POINT CIRCLE
NAVARRE, FL 32566-3006

7. Name and Address of New Registered Agent

Name SUTTON, THOMAS

Street Address (P.O. Box Number is Not Acceptable)
2052 PRITCHARD POINT DR.

City NAVARRE FL Zip Code 32566

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 Thomas Sutton SECRETARY/TREASURER 1/12/07
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by May 1, 2007

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	PD ☑ Delete	TITLE	PD ☐ Change ☑ Addition
NAME	WILLIAMS, DIANE	NAME	PAUL NICHOLAS
STREET ADDRESS	10079 PRITCHARD PT CIRCLE	STREET ADDRESS	2036 PRITCHARD POINT DRIVE
CITY-ST-ZIP	NAVARRE, FL 32566	CITY-ST-ZIP	NAVARRE, FL. 32566
TITLE	TRS ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	SUTTON, THOMAS	NAME	
STREET ADDRESS	2052 PRITCHARD PT DR	STREET ADDRESS	
CITY-ST-ZIP	NAVARRE, FL 32566	CITY-ST-ZIP	
TITLE	VP ☑ Delete	TITLE	VP ☐ Change ☑ Addition
NAME	FULCHER, JOSEPH	NAME	JUDITH CHADBOURNE
STREET ADDRESS	2033 PRITCHARD PT DR	STREET ADDRESS	2036 PRITCHARD POINT DRIVE
CITY-ST-ZIP	NAVARRE, FL 32566	CITY-ST-ZIP	NAVARRE, FL. 32566
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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: Thomas Sutton 1/12/07 850 939-7033
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #