

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000005972

FILED  
Jul 31, 2005  
Secretary of State

**Entity Name:** THE NIGHTINGALE MANOR BLOCK L ASSOCIATION, INC.

**Current Principal Place of Business:**

150 KEVIN DRIVE  
GULF BREEZE, FL 32561

**New Principal Place of Business:**

148 KEVIN DRIVE  
GULF BREEZE, FL 32561

**Current Mailing Address:**

150 KEVIN DRIVE  
GULF BREEZE, FL 32561

**New Mailing Address:**

319 VALENCIA STREET  
GULF BREEZE, FL 32561

**FEI Number:** 59-3289462      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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

SAUER, JEFFREY T  
510 E ZARAGOZA ST  
PENSACOLA, FL 32501      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: D      ( ) Delete  
Name: KANYON, STEPHANIE  
Address: 148 REVIN DR  
City-St-Zip: GULF BREEZE, FL 32561

Title: TD      ( ) Delete  
Name: WILKS, NAOMA C  
Address: 150 KEVIN DR  
City-St-Zip: GULF BREEZE, FL 325614365

Title: PD      (X) Delete  
Name: WILKS, JACK N  
Address: 150 KEVIN DR  
City-St-Zip: GULF BREEZE, FL

Title: S      (X) Delete  
Name: SAVAGE, BETTY  
Address: 140 KEVIN DRIVE  
City-St-Zip: GULF BREEZE, FL

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

Title: D/TD      (X) Change ( ) Addition  
Name: ALLEN, STEPHENIE  
Address: 148 KEVIN DR  
City-St-Zip: GULF BREEZE, FL 32561

Title: S      (X) Change ( ) Addition  
Name: BUECHLER, SUSAN  
Address: 150 KEVIN DR  
City-St-Zip: GULF BREEZE, FL 325614365

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 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: STEPHENIE L. ALLEN

TD

07/31/2005

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date