2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 31, 2009
Secretary of State

DOCUMENT# N96000000706

Entity Name: CORAL CREEK HOMEOWNERS ASSOCIATION OF PENSACOLA, INC.

Current Principal Place of Business:

4400 BAYOU BLVD
STE 35
PENSACOLA, FL 32503

New Principal Place of Business:

Current Mailing Address:

4400 BAYOU BLVD
STE 35
PENSACOLA, FL 32503

New Mailing Address:

FEI Number: 59-3455052 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LONGWELL, TINA
4400 BAYOU BLVD
STE 35
PENSACOLA, FL 32503 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: PD ( ) Delete
Name: NEWBOLD, BETTY
Address: 2009 W INDIES DR
City-St-Zip: PENSACOLA, FL 32506

Title: DVP ( ) Delete
Name: SUMMERS, JAMES
Address: 9051 CARRIBEAN DR
City-St-Zip: PENSACOLA, FL 32506

Title: DST ( ) Delete
Name: ARCHIE, THOMAS
Address: 1935 CORAL ISLAND
City-St-Zip: PENSACOLA, FL 32506

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: D ( ) Change (X) Addition
Name: NIBLOCK, JUDY
Address: 2129 ANTILLIES DR
City-St-Zip: PENSACOLA, F 32506

I hereby certify that the information supplied with this filing does not qualify 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: BETTY NEWBOLD DP 03/31/2009

Electronic Signature of Signing Officer or Director — Date