

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 19, 2007 8:00 am**  
**Secretary of State**

01-19-2007 90027 011 \*\*\*\*61.25

**DOCUMENT # N96000005550**

1. Entity Name  
**BLUE ANGEL LAKE HOMEOWNERS ASSOCIATION, INC.**



Principal Place of Business  
P.O BOX 34417  
PENSACOLA, FL 32507 US

Mailing Address  
P.O BOX 34417  
PENSACOLA, FL 32507 US

**50000816**



2. Principal Place of Business - No P.O. Box #  
**9660 Westgate Cir**  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

01032007 Chg-NP CR2E037 (12/06)

City & State  
**Pensacola, FL**

City & State

4. FEI Number  
**59-3454920**

Applied For  
Not Applicable

Zip  
**32507** Country  
**Escambia**

Zip Country

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

**6. Name and Address of Current Registered Agent**

**NIBLOCK, JUDY**  
**2129 ANTILLIES DRIVE**  
**PENSACOLA, FL 32506**

**7. Name and Address of New Registered Agent**

Name **Thomas Callahan**  
Street Address (P.O. Box Number is Not Acceptable)  
**9660 Westgate Circle**  
City **Pensacola** FL Zip Code **32507**

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 Callahan**  
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

**16 JAN 2006**  
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**

TITLE **PD** ☐ Delete  
NAME **CALLAHAN, TOM**  
STREET ADDRESS **9660 WESTGATE CIRCLE**  
CITY-ST-ZIP **PENSACOLA, FL 32507**

TITLE **VPD** ☐ Delete  
NAME **MOORE, RON**  
STREET ADDRESS **9606 WESTGATE CIR**  
CITY-ST-ZIP **PENSACOLA, FL 32507**

TITLE **SD** ☒ Delete  
NAME **NIBLOCK, JUDY**  
STREET ADDRESS **2129 ANTILLES DR**  
CITY-ST-ZIP **PENSACOLA, FL 32506**

TITLE **TD** ☐ Delete  
NAME **CALLAHAN, JACKIE**  
STREET ADDRESS **9660 WESTGATE CIR**  
CITY-ST-ZIP **PENSACOLA, FL 32507**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition  
NAME **SD Priscilla Williams**  
STREET ADDRESS **9540 Westgate Circle**  
CITY-ST-ZIP **Pensacola, FL 32507**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
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 Callahan**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**16 JAN 2006**  
Date

Daytime Phone #