## 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N97000001483

Apr 27, 2007 Secretary of State

Entity Name: PORT ROYAL PHASE II HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business: New Principal Place of Business:** 

17 W CEDAR ST STE 3 PENSACOLA, FL 32502 US

**Current Mailing Address: New Mailing Address:** 

POST OFFICE BOX 12725 PENSACOLA, FL 32591 US

FEI Number: 59-3488234 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

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

CARR, JOHN S 17 WEST CEDAR STREET SUITE 3 PENSACOLA, FL 32502 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:

City-St-Zip:

City-St-Zip:

Electronic Signature of Registered Agent

Date

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

## **OFFICERS AND DIRECTORS:**

PENSACOLA, FL 32502

PENSACOLA, FL 32502

VPD (X) Change ( ) Addition () Delete CARR, JOHN S HINSON, WILLIAM Name: Name: 17 WEST CEDAR STREET, SUITE 3 Address: 39 PORT ROYAL WAY Address:

City-St-Zip: PENSACOLA, FL 32502 City-St-Zip: PENSACOLA, FL 32502

Title: STD () Delete Title: VD (X) Change ( ) Addition DANNHEISSER, B V Name: THERIOT, DONALD Name: Address: 47 PORT ROAYL WEST WAY Address: 36 PORT ROYAL WAY

Title: () Delete Title: (X) Change ( ) Addition

SMART, WILLIAM DANNHEISSER, B V Name: Name: 34 PORT ROYAL WAY 47 PORT ROYAL WAY Address: Address: City-St-Zip: PENSACOLA, FL 32502 City-St-Zip: PENSACOLA, FL 32502

Title: VPD (X) Delete Title: () Change () Addition

Name: HINSON, WILLIAM Name: Address: 39 PORT ROYAL WAY Address: City-St-Zip: PENSACOLA, FL 32502 City-St-Zip:

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: WILLIAM HINSON **PRES** 04/27/2007