2007 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT**

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THE PENSACOLA BEACH HOUSE CONDOMINIUM



ASSOCIATION, INC. QUICUA" Principal Place of Business Mailing Address 731 PENSACOLA BEACH BLVD. P 0 BOX 1289 PENACOLA, FL 32561 GULF BREEZE, FL 32562 US 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 07122007 Chg-NP CR2E037 (12/06) Applied For City & State City & State 4. FEI Number 59-3642056 Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name WRIGHT, JERRY L 731 PENSACOLA BEACH BLVD., #209 Street Address (P.O. Box Number is Not Acceptable) PENSACOLA BEACH, FL 32561 Zip Code City FL 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 , Signature, typed or printed name of registered agent and little if applicable (NOTE Registered Agent signature required when reinstating) Filing Fee is \$61.25 9. Election Campaign Financing Make check payable to **\$5.00** May Be Trust Fund Contribution. Florida Department of State Due by September 14, 2007 Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TITLE Delete TITLE ☐ Change ☐ Addition WRIGHT, JERRY NAME NAME 731 PENSACOLA BEACH BLVD. STREET ADDRESS STREET ADDRESS PENSACOLA, FL 32561 CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TATLE Delete TITLE NAME WRIGHT, JERRY NAME STREET ADDRESS 731 PENSACOLA BEACH BLVD. STREET ADDRESS PENSACOLA, FL 32562 CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change X Addition TITLE Karen Cook Cowen. 131 Pensaio la Beach BIVD. NAME WRIGHT, KENT NAME 731 PENSACOLA BEACH BLVD. STREET ADDRESS STREET ADORESS CITY-ST-ZIP PENSACOLA BEACH, FL 32561 CITY-ST-ZIP Pensacola Beach FL 325Ld TITLE Change TITLE ☐ Delete ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP

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 chapter 617 on an attaction of the corporation or the receiver or trustee empowered.

SIGNATURE:

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