

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**Mar 06, 1999 8:00 am**  
**Secretary of State**

03-06-1999 90052 019 \*\*\*\*61.25

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**DOCUMENT # N97000003324**

1. Corporation Name

**WARRINGTON COMMUNITY HOMEOWNERS ASSOCIATION AND  
NEIGHBORHOOD WATCH INC.**

Principal Place of Business

**405 SEAMARGE LANE  
PENSACOLA FL 32507**

Mailing Address

**PO BOX 16318  
PENSACOLA FL 32507**



2. Principal Place of Business

**21**  
Suite, Apt. #, etc.

**22**  
City & State

**23**  
Zip

**25**  
Country

2a. Mailing Address

**26**  
Suite, Apt. #, etc.

**27**  
City & State

**28**  
Zip

**30**  
Country

3. Date Incorporated or Qualified

**06/09/1997**

4. FEI Number

**APPLIED FOR**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Election Campaign Financing ☐

Trust Fund Contribution

**\$5.00** May Be  
Added to Fees

9. Name and Address of Current Registered Agent

**JONES, RAYMOND  
405 SEAMARGE LANE  
PENSACOLA FL 32507**

10. Name and Address of New Registered Agent

**81** Name

**82** Street Address (P.O. Box Number is Not Acceptable)

**83**

**84** City

**FL**

**85** Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12.

OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME **DP**  
STREET ADDRESS **GRIFFEN, CHARLES R**  
CITY-ST-ZIP **738 GULF BEACH HWY.  
PENSACOLA FL 32507**

TITLE ☐ DELETE

NAME **DV**  
STREET ADDRESS **MOSLEY, CLARENCE**  
CITY-ST-ZIP **27 LINCOLN RD.  
PENSACOLA FL 32507**

TITLE ☐ DELETE

NAME **DS**  
STREET ADDRESS **JONES, MABEL**  
CITY-ST-ZIP **405 SEAMARGE LANE  
PENSACOLA FL 32507**

TITLE ☐ DELETE

NAME **DT**  
STREET ADDRESS **TAUBODO, KATHANA**  
CITY-ST-ZIP **1008 HAWTHORNE DR.  
PENSACOLA FL 32507**

TITLE ☐ DELETE

NAME **DS**  
STREET ADDRESS **MERCY, JAUNITA**  
CITY-ST-ZIP **112 N. MERRITT ST.  
PENSACOLA FL 32507**

TITLE ☐ DELETE

NAME **D**  
STREET ADDRESS **ALTMAN, HANNA**  
CITY-ST-ZIP **305 BRIGADIER ST.  
PENSACOLA FL 32507**

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **Charles R. Griffen** **02-20-'99** **850-457-3500**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)