


**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 07, 2008 08:00 AM
Secretary of State

DOCUMENT # N97000003324 1. Entity Name WARRINGTON COMMUNITY HOMEOWNERS ASSOCIATION AND NEIGHBORHOOD WATCH INC.	
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Principal Place of Business GOOD HOPE AME CHURCH PENSACOLA, FL 32507	Mailing Address PO BOX 16318 PENSACOLA, FL 32507
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03182008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number NOT APPLICABLE	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent JONES, RAYMOND 405 SEAMARGE LANE PENSACOLA, FL 32507

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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: <u>Charles R. Griffen</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	DATE: <u>03/31/2008</u>

Filing Fee is \$61.25 Due by May 1, 2008	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	000000884174 04/17/08-80033-012 70.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP GRIFFEN, CHARLES R 738 GULF BEACH HWY. PENSACOLA, FL 32507
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV MERCY, HENRY 112 N MERRITT STREET PENSACOLA, FL 32507
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS JONES, MABEL 405 SEAMARGE LANE PENSACOLA, FL 32507
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT TOOKES, ANNIE M 27 WASHINGTON STREET PENSACOLA, FL 32507
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS MERCY, JAUNITA 112 N. MERRITT ST. PENSACOLA, FL 32507
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WHITE, ERNEST 542 PAULA AVENUE PENSACOLA, FL 32507

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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: <u>Charles R. Griffen</u> - Charles R. Griffen <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	03/31/2008 <small>Date</small>	 <small>Daytime Phone #</small>
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