

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000006678

FILED
May 01, 2008
Secretary of State

Entity Name: EAGLE RIDGE HOMEOWNERS ASSOCIATION OF PENSACOLA, INC.

Current Principal Place of Business:

4400 BAYOU BLVD
SUITE 35
PENSACOLA, FL 32503

New Principal Place of Business:

Current Mailing Address:

4400 BAYOU BLVD
SUITE 35
PENSACOLA, FL 32503

New Mailing Address:

FEI Number: 59-2266344 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

LONGWELL, TINA
4400 BAYOU BLVD
SUITE 35
PENSACOLA, FL 32503 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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: VOGELSAANG, JOHN
Address: 1911 WAXWING DRIVE
City-St-Zip: CANTONMENT, FL 32533

Title: VD () Delete
Name: WOJDYLA, KIMMIE
Address: 1759 CONDOR DRIVE
City-St-Zip: CANTONMENT, FL 32533

Title: STD () Delete
Name: MAHANKE, KATHY
Address: 1796 CONDOR DR
City-St-Zip: CANTONMENT, FL 32533

Title: TRD () Delete
Name: NETZER, ALLEN
Address: 1764 CONDOR DR
City-St-Zip: CANTONMENT, FL 32533

Title: D (X) Delete
Name: ROSWOLD, ROBERT
Address: 1671 CONDOR DR
City-St-Zip: CANTONMENT, FL 32533

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: JOHNSON, ED
Address: 1470 SHORE BIRD TER.
City-St-Zip: CANTONMENT, FL 32533

Title: VPD (X) Change () Addition
Name: NETZER, ALLEN
Address: 1764 CONDOR DRIVE
City-St-Zip: CANTONMENT, FL 32533

Title: SD (X) Change () Addition
Name: NETZER, JENNIFER
Address: 1764 CONDOR DR
City-St-Zip: CANTONMENT, FL 32533

Title: TRD (X) Change () Addition
Name: MURPHY, TAZE
Address: 1777 CONDOR DR
City-St-Zip: CANTONMENT, FL 32533

Title: () Change () Addition
Name:
Address:
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: ED JOHNSON

P

05/01/2008

Electronic Signature of Signing Officer or Director

Date