

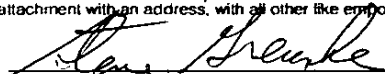


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2007 8:00 am
Secretary of State

04-30-2007 90462 037 ****61.25

DOCUMENT # N98000005137					
1. Entity Name MAZUREK PLANTATION HOMEOWNERS' ASSOCIATION, INC.					
Principal Place of Business 3298 SUMMIT BLVD SUITE 4 PENSACOLA, FL 32503			Mailing Address 3298 SUMMIT BLVD SUITE 4 PENSACOLA, FL 32503		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		01092007 Chg-NP CR2E037 (12/06)	
City & State		City & State		4. FEI Number 59-3594692	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ETHERIDGE PROPERTY MGMT 3298 SUMMIT BLVD SUITE 4 PENSACOLA, FL 32503				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right;"> FL Zip Code </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when resigning) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE PD NAME GREUNKE, STEVE STREET ADDRESS 1116 OLD NURSERY WAY CITY-ST-ZIP PENSACOLA, FL 32514	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE VPD NAME INGRAM, HENRY JR STREET ADDRESS 1167 OLD NURSERY WAY CITY-ST-ZIP PENSACOLA, FL 32514	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE TD NAME MULL, TONYA STREET ADDRESS 1311 MAZYREK BLVD CITY-ST-ZIP PENSACOLA, FL 32514	<input checked="" type="checkbox"/> Delete		TITLE S/T NAME Kim Coffey STREET ADDRESS 3298 Summit Blvd Ste 4 CITY-ST-ZIP Pensacola FL 32503	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE D NAME NOLL, PATTY STREET ADDRESS 1326 MAZURK BLVD CITY-ST-ZIP PENSACOLA, FL 32514	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE D NAME BARMORE, LORI STREET ADDRESS 1142 OLD NURSING WAY CITY-ST-ZIP PENSACOLA, FL 32514	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: 			4/26/07 850-434-3585		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		