

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 27, 2008 8:00 am**  
**Secretary of State**

03-27-2008 90039 047 \*\*\*\*61.25

<b>DOCUMENT # N98000005137</b> 1. Entity Name <b>MAZUREK PLANTATION HOMEOWNERS' ASSOCIATION, INC.</b>					
Principal Place of Business <b>3298 SUMMIT BLVD SUITE 4 PENSACOLA, FL 32503</b>			Mailing Address <b>3298 SUMMIT BLVD SUITE 4 PENSACOLA, FL 32503</b>		
2. Principal Place of Business - No P.O. Box # <b>908 Gardengate Cir</b> Suite, Apt. #, etc.		3. Mailing Address <b>908 Gardengate Cir.</b> Suite, Apt. #, etc.			
City & State <b>Pensacola FL</b> Zip <b>32504</b>		City & State <b>Pensacola FL</b> Zip <b>32504</b>		4. FEI Number <b>59-3594692</b>	
Country <b>ESCANORIA</b>		Country <b>ESCANORIA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>ETHERIDGE PROPERTY MGMT 3298 SUMMIT BLVD SUITE 4 PENSACOLA, FL 32503</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <b>908 Gardengate Circle</b> City <b>Pensacola FL</b> Zip Code <b>32504</b>		
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  DATE <b>3/13/08</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reissuing)</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Make check payable to Florida Department of State</b>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD GREUNKE, STEVE 1116 OLD NURSERY WAY PENSACOLA, FL 32514</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VPD INGRAM, HENRY JR 1167 OLD NURSERY WAY PENSACOLA, FL 32514</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>ST COFFEY, KIM 3298 SUMMIT BLVD STE 4 PENSACOLA, FL 32503</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D NOLL, PATTY 1326 MAZURK BLVD PENSACOLA, FL 32514</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D BARMORE, LORI 1142 OLD NURSING WAY PENSACOLA, FL 32514</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<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: <b>Kim Coffey, Secretary</b> <b>3/13/08</b> <b>850-484-2611</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

00002104



01042008 Chg-NP CR2E037 (12/06)