

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 12, 2008 8:00 am
Secretary of State

03-12-2008 90037 003 ****61.25

DOCUMENT # N98000006046 1. Entity Name ESCADA BLOCK B HOMEOWNERS ASSOCIATION, INC.					
Principal Place of Business 180 CULLMAN AVE. SANTA ROSA BEACH, FL 32459 US			Mailing Address PO BOX 1010 SANTA ROSA BEACH, FL 32459 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-3539129	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent TARVER, LOYD 180 CULLMAN AVE. SANTA ROSA BEACH, FL 32459				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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.				FL Zip Code	
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
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	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS CHANDOYSSON, LENA 193 VIA LARGO SANTA ROSA BEACH, FL 32459		<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	DV FANGUHARSSON, CHRISTINE 228 VIA LARGO SANTA ROSA BEACH, FL 32459		<input checked="" 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	DD FULLERTON, JEANNE 64 VIA LARGO SANTA ROSA BEACH, FL 32459		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D, P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT IANNUZZI, BRIGID 46 STREET THOMAS CT MIRAMAR BEACH, FL 32550		<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	D KRIKA, DAVID 5000 18 HWY #17 # 252 ORANGE PARK, FL 32003		<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		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" 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: <u>JEANNE FULLERTON</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date <u>March 7, 2008</u> Daytime Phone # <u>850-267-3930</u>		

40044037



02142008 Chg-NP CR2E037 (12/06)

\$8.75 Additional
Fee Required

FL Zip Code

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	DS	<input type="checkbox"/> Delete
NAME	CHANDOYSSON, LENA	
STREET ADDRESS	193 VIA LARGO	
CITY-ST-ZIP	SANTA ROSA BEACH, FL 32459	
TITLE	DV	<input checked="" type="checkbox"/> Delete
NAME	FANGUHARSSON, CHRISTINE	
STREET ADDRESS	228 VIA LARGO	
CITY-ST-ZIP	SANTA ROSA BEACH, FL 32459	
TITLE	DD	<input type="checkbox"/> Delete
NAME	FULLERTON, JEANNE	
STREET ADDRESS	64 VIA LARGO	
CITY-ST-ZIP	SANTA ROSA BEACH, FL 32459	
TITLE	DT	<input type="checkbox"/> Delete
NAME	IANNUZZI, BRIGID	
STREET ADDRESS	46 STREET THOMAS CT	
CITY-ST-ZIP	MIRAMAR BEACH, FL 32550	
TITLE	D	<input type="checkbox"/> Delete
NAME	KRIKA, DAVID	
STREET ADDRESS	5000 18 HWY #17 # 252	
CITY-ST-ZIP	ORANGE PARK, FL 32003	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D, P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Scott Patrick	
STREET ADDRESS	555 Mooney Rd.	
CITY-ST-ZIP	Fort Walton Beach, FL 32547	

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SIGNATURE: JEANNE FULLERTON
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date March 7, 2008 Daytime Phone # 850-267-3930