

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000006046

FILED  
Apr 22, 2009  
Secretary of State

**Entity Name:** ESCADA BLOCK B HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

180 CULLMAN AVE.  
SANTA ROSA BEACH, FL 32459 US

**New Principal Place of Business:**

252 VIA LARGO  
SANTA ROSA BEACH, FL 32459 US

**Current Mailing Address:**

PO BOX 1010  
SANTA ROSA BEACH, FL 32459 US

**New Mailing Address:**

**FEI Number:** 59-3539129      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

TARVER, LOYD  
180 CULLMAN AVE.  
SANTA ROSA BEACH, FL 32459 US

**Name and Address of New Registered Agent:**

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: DS ( ) Delete  
Name: CHANDOYSSON, LENA  
Address: 193 VIA LARGO  
City-St-Zip: SANTA ROSA BEACH, FL 32459 US

Title: DP ( ) Delete  
Name: FULLERTON, JEANNE  
Address: 64 VIA LARGO  
City-St-Zip: SANTA ROSA BEACH, FL 32459 US

Title: DT ( ) Delete  
Name: IANNUZZI, BRIGID  
Address: 46 STREET THOMAS CT  
City-St-Zip: MIRAMAR BEACH, FL 32550

Title: D ( ) Delete  
Name: KRIKA, DAVID  
Address: 5000 18 HWY #17 # 252  
City-St-Zip: ORANGE PARK, FL 32003

Title: D ( ) Delete  
Name: PATRICK, SCOTT  
Address: 555 MONEY RD.  
City-St-Zip: FORT WALTON BEACH, FL 32547

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: DS (X) Change ( ) Addition  
Name: CHANDEYSSON, LENA  
Address: 193 VIA LARGO  
City-St-Zip: SANTA ROSA BEACH, FL 32459 US

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: D (X) Change ( ) Addition  
Name: KRIKA, DAVID  
Address: 5000 18 HWY 17, # 252  
City-St-Zip: ORANGE PARK, FL 32003

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: LOYD TARVER

DP

04/22/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date