

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 22, 2008 8:00 am**  
**Secretary of State**

05-22-2008 90018 017 \*\*\*\*61.25

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01042008 Chg-NP CR2E037 (12/06)

<b>DOCUMENT # N99000001198</b> 1. Entity Name <b>ZACHARY ESTATES HOMEOWNERS ASSOCIATION, INC.</b>					
Principal Place of Business <b>3298 SUMMIT BLVD STE 4 PENSACOLA, FL 32503</b>			Mailing Address <b>3298 SUMMIT BLVD STE 4 PENSACOLA, FL 32503</b>		
2. Principal Place of Business - No P.O. Box # <b>908 Gardengate Cir</b>		3. Mailing Address <b>908 Gardengate Cir.</b>			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State <b>Pensacola FL</b>		City & State <b>Pensacola FL</b>		4. FEI Number <b>59-3635035</b>	
Zip <b>32504</b>		Country <b>Escambia</b>		Applied For <input type="checkbox"/> Not Applicable	
Zip <b>32504</b>		Country <b>Escambia</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, RAY D 3298 SUMMIT BLVD STE 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</b> <b>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>Apr. 22, 2008</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>DP BUSE, RICHARD 5518 LOURLEEN CIRCLE PENSACOLA, FL 32526</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DV COLLIE, JIM 5506 LORALEEN CIR PENSACOLA, FL 32526</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DS MALONE, PHYLLIS 5012 AUDREY-SUE CIRCLE PENSACOLA, FL 32526</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D WILLIAMS, JOSHUA 5003 AUDREY-SUE CIR PENSACOLA, FL 32526</b>	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D FORRSTER, DAVID 5620 SHELLY ST PENSACOLA, FL 32526</b>	<input type="checkbox"/> Delete			
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			
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"/> 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			4-07-08 850-474-2611 <small>Signature and typed or printed name of signing officer or director Date Daytime Phone #</small>		