2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000001198

FILED Apr 22, 2009 Secretary of State

Entity Name: ZACHARY ESTATES HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

908 GARDENGATE CIR 908 GARDENGATE CIRCLE PENSACOLA, FL 32504 PENSACOLA, FL 32504

Current Mailing Address: New Mailing Address:

908 GARDENGATE CIR 908 GARDENGATE CIRCLE PENSACOLA, FL 32504 PENSACOLA, FL 32504

FEI Number: 59-3635035 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

ETHERIDGE, RAY D
908 GARDENGATE CIR
PENSACOLA, FL 32504 US
ETHERIDGE, RAY O
908 GARDENGATE CIRCLE
PENSACOLA, FL 32504 US

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: RAY O. ETHERIDGE 04/22/2009

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

tle: DP () Delete Title: PD (X) Change () Addition

 Name:
 BUSE, RICHARD
 Name:
 COLLIE, JIM

 Address:
 5518 LOURLEEN CIRCLE
 Address:
 5506 LOVALEEN CIRCLE

 City-St-Zip:
 PENSACOLA, FL 32526
 City-St-Zip:
 PENSACOLA, FL 32526

Title: DV () Delete Title: VPD (X) Change () Addition

 Name:
 COLLIE, JIM
 Name:
 FORRESTER, DAVID

 Address:
 5506 LORALEEN CIR
 Address:
 5620 SHELLY STREET

 City-St-Zip:
 PENSACOLA, FL 32526
 City-St-Zip:
 PENSACOLA, FL 32526

Title: DST () Delete Title: STD (X) Change () Addition

 Name:
 MALONE, PHYLLIS
 Name:
 ROBINSON, PRENTICE

 Address:
 5012 AUDREY-SUE CIRCLE
 Address:
 5156 ZACHARY BLVD.

 City-St-Zip:
 PENSACOLA, FL 32526
 City-St-Zip:
 PENSACOLA, FL 32526

Title: D () Delete Title: D (X) Change () Addition

 Name:
 FORRSTER, DAVID
 Name:
 WALLACE, SABRINA

 Address:
 5620 SHELLY ST
 Address:
 5015 AUDREY SUE CIRCLE

 City-St-Zip:
 PENSACOLA, FL 32526
 City-St-Zip:
 PENSACOLA, FL 32526

Title: () Delete Title: D () Change (X) Addition

 Name:
 Name:
 THOMPSON, MARIA

 Address:
 Address:
 5410 SEITZ DRIVE

 City-St-Zip:
 City-St-Zip:
 PENSACOLA, FL 32526

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: RAY O. ETHERIDGE RA 04/22/2009