


2608 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 22, 2008 8:00 am
Secretary of State

02-22-2008 90012 016 ****61.25

DOCUMENT # N99000001200 1. Entity Name THE PEARL OF NAVARRE BEACH CONDOMINIUM OWNERS ASSOCIATION, INC.					
Principal Place of Business 8499 GULF BLVD NAVARRE BEACH, FL 32566		Mailing Address 8499 GULF BLVD NAVARRE BEACH, FL 32566			
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. City & State Zip Country		3. Mailing Address Suite, Apt. #, etc. City & State Zip Country			
4. FEI Number 59-3560259				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent PETERMANN, RICHARD P 25 WALTER MARTIN ROAD, NE FORT WALTON BEACH, FL 32548			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</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	P LEWIS, JAMES H 2440 11TH AVE SOUTH BIRMINGHAM, AL 32505		<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	TD MORRIS, ROBERT 2718 LONG LAKES DR ROSWELL, GA 30015		<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 BAKER, GARY B 112 HOLLAND DR SHEFFIELD, AL 35660		<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	VP WEEKS, JEAL 230 POINT ROAD MUSCLE SHOALS, AL 35661		<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP SUE LARSON 5735 Babe Smith Point Road Silver Point, TN 38582
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S WOOD, DON JR 8165 WOOD ST COVINGTON, GA 30014		<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		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, and 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 a signature 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: <i>Sue Larson</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<i>1/30/08</i> <small>Date</small>		<i>931-261-6132</i> <small>Daytime Phone #</small>

40029961



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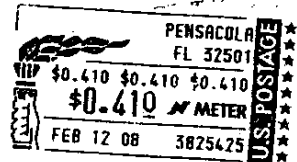
FILE MANAGEMENT

ATTACHMENT

40029961

N99 000001200

THE PEARL OF NAVARRE BEACH CONDO
127 PALAFOX PLACE STE. 200
PENSACOLA, FL 32502



Dept of Business and Professional Reg
Div of FL Land Sales, Condos & Mobile Hom
1940 North Monroe Street
Tallahassee, FL 32399-1004

32399+2200

