2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

changed, or on an attachment with an address, with all other like empowered.

RINTED NAME OF SIGNING OFFICER OR DIRECTO

SIGNATURE AND

Jul 30, 2004 8:00 am **Secretary of State** DOCUMENT # N99000002732 1. Entity Name 07-30-2004 90011 040 ****61.25 CARMEL WOODS HOMEOWNERS' ASSOCIATION, INC. Principal Place of Business Mailing Address 44001001 5940B MONA LANE 5924 A MONA LANE PENSACOLA FL 32504 PENSACOLA FL 32504 2. Principal Place of Business 5924A MONA LANE 3. Mailing Address SAME Suite, Apt. #, etc. CR2E037 (4/04) City & State Applied For City & State 4. FEI Number 59-3587996 Not Applicable Zio Country \$8.75 Additional 5. Certificate of Status Desired Fee Required Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent MOORHEAD, STEPHEN R-Street Address (P.O. Box Number is Not Acceptable) 4300 BAYOU BLVD., STE. 13 PENSACOLA FL 32503 City 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Due By September 8, 2004 Trust Fund Contribution. Added to Fees Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. TITLE TITLE ☐ Delete ☐ Channe Addition HAROIN, SHARON NAME NAME 8154 HEIRLOOM DRIVE STREET ADDRESS STREET ADDRESS PENSACOLA FL 32514 CITY-ST-ZIP CITY-ST-ZIR Addition ППЕ Delete TITLE ☐ Change PARRISH, KEI PARRISH, KET NAME NAME 5924 A MONA LANE STREET ADDRESS STREET ADDRESS PENSACOLA FL 32504 CITY-ST-ZIP CITY-ST-ZIP VPD Delete ___ TITLE . Change ☐ Addition TITLE PARRISH, JAMES NAME 5924-A MOÑA LANE STREET ADDRESS STREET ADDRESS PENSACOLA FL 32504 CITY-ST-7IP CITY-ST-ZIP Change ☐ Addition TITLE Delete TITLE QUARRIER, WAYNE NAME NAME 537 ROYCE STREET STREET ADDRESS STREET ADDRESS PENSACOLA FL 32503 CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition GAGE, JERRY PENDLETON, CUNTHIA 5931-B MONA LANE STREET ADDRESS STREET ADDRESS PENSACOLA FL 32504 CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Delete TITLE ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CiTY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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

FILED