## 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## FILED Jan 08, 2007 8:00 am Secretary of State

DOCUMENT # N9900002732  1. Entity Name CARMEL WOODS HOMEOWNERS' ASSOCIATION, INC.							7 90242 016 **	
Principal Place of Business Mailing Address 5924A MONA LANE 5924A MONA LANE PENSACOLA, FL 32504 PENSACOLA, FL 32504							•	
Principal Place of Business - No P.O. Box #     Mailing Address			SS					
Suite, Apt. #, etc.		Suite, Apt. #,	Suite, Apt. #, etc.			<sup>07</sup> Chg-NP	CR2E037 (12	(06)
City & State		City & State			4. FEI Nui 59-3	mber 587996	<u> </u>	Applied For Not Applicable
Zip	Country	Zip	Co	ountry		ate of Status Desired	□ \$8.7	5 Additional
	6. Name and Address of Current	Registered Agent	<del></del>	7	7. Name a	and Address of New		
MOODILE				Name				
MOORHEAD, STEPHEN R 4300 BAYOU BLVD., STE. 13 PENSACOLA, FL 32503			Street Address (P.O. Box Number is Not Acceptable)					
•								
·				City			FL	Code
the obligation	e named entity submits this statement for tions of registered agent.	or the purpose of char	nging its register	ered office or	registered agent, or	both, in the State of	Florida. I am familiar	with, and accept
SIGNATURE								
-	Signature, typed or printed name of registered agent	and title if applicable.	(NOTE: Register	red Agent signatur	re required when reinstating	1	DATE	
<u> </u>	Signature, lyped or printed name of registered agent	and title if applicable.	(NOTE: Register	red Agent signatur	re required when reinstating	)	DATE	
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2. I nereby certify that the information supplied with this thing 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/6/07

830 - 505 0119 Daytime Phone #