

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

01-08-2007 90242 016 ****61.25

DOCUMENT # N99000002732					
1. Entity Name CARMEL WOODS HOMEOWNERS' ASSOCIATION, INC.					
Principal Place of Business 5924A MONA LANE PENSACOLA, FL 32504			Mailing Address 5924A MONA LANE PENSACOLA, FL 32504		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-3587996	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MOORHEAD, STEPHEN R 4300 BAYOU BLVD., STE. 13 PENSACOLA, FL 32503			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)</small>					
Filing Fee is \$61.25 Due by May 1, 2007		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	PD PRATT, DEREK 3069 DESERT STREET PENSACOLA, FL 32514 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
S, T PARRISH, KEI 5924 A MONA LANE PENSACOLA, FL 32504	<input type="checkbox"/> Delete		S, T PARRISH, KEI 5924 A MONA LANE PENSACOLA, FL 32504	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
VPD PARRISH, JAMES 5924-A MONA LANE PENSACOLA, FL 32504	<input type="checkbox"/> Delete		VPD PARRISH, JAMES 5924-A MONA LANE PENSACOLA, FL 32504	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
D QUARRIER, WAYNE 537 ROYCE STREET PENSACOLA, FL 32503	<input checked="" type="checkbox"/> Delete		D TRISILLA BRANDZET 5921-A MONA LANE PENSACOLA, FL 32504	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
D PENDLETON, CYNTHIA 5921-B MONA LANE PENSACOLA, FL 32504	<input type="checkbox"/> Delete		D PENDLETON, CYNTHIA 5921-B MONA LANE PENSACOLA, FL 32504	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
D GAFFORD, SYLVIA 5924-B MONA LANE PENSACOLA, FL 32504	<input checked="" type="checkbox"/> Delete		D DWIGHT GOLDMAN 5940-B MONA LANE PENSACOLA, FL 32504	<input type="checkbox"/> Change <input checked="" 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: <u>Kei Parrish</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			1/6/07 850-505-0119 <small>Date Daytime Phone #</small>		