

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000002732

FILED
Jan 08, 2009
Secretary of State

Entity Name: CARMEL WOODS HOMEOWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

5924A MONA LANE
PENSACOLA, FL 32504

New Principal Place of Business:

Current Mailing Address:

5924A MONA LANE
PENSACOLA, FL 32504

New Mailing Address:

PO BOX 30264
PENSACOLA, FL 32503

FEI Number: 59-3587996

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MOORHEAD, STEPHEN R
25 WEST GOVERNMENT STREET
PENSACOLA, FL 32502 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: PRATT, DEREK
Address: 3069 DESERT STREET
City-St-Zip: PENSACOLA, FL 32514

Title: T () Delete
Name: BRANDRIET, TRISILLA
Address: 5924 A MONA LANE
City-St-Zip: PENSACOLA, FL 32504

Title: VPD () Delete
Name: STEPHENSON, PHILIP
Address: 5936-B MONA LANE
City-St-Zip: PENSACOLA, FL 32504

Title: D () Delete
Name: BRANDZIET, TRISILLA
Address: 5921-A MONA LN
City-St-Zip: PENSACOLA, FL 32504

Title: D () Delete
Name: PENDLETON, CYNTHIA
Address: 5921-B MONA LANE
City-St-Zip: PENSACOLA, FL 32504

Title: D () Delete
Name: DWIGHT, GOLDMAN
Address: 5940-B MONA LN
City-St-Zip: PENSACOLA, FL 32504

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: T/S (X) Change () Addition
Name: PARRISH, KEI
Address: PO BOX 30264
City-St-Zip: PENSACOLA, FL 32503

Title: D (X) Change () Addition
Name: PARRISH, LARRY
Address: 5924-A MONA LANE
City-St-Zip: PENSACOLA, FL 32503

Title: D (X) Change () Addition
Name: GAFFORD, SYLVIA
Address: 5924-B MONA LN
City-St-Zip: PENSACOLA, FL 32504

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: KEI S PARRISH

T/S

01/08/2009

Electronic Signature of Signing Officer or Director

Date