

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000004884

FILED  
Mar 20, 2012  
Secretary of State

Entity Name: BB HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

BB HOMEOWNERS BOARD OF DIRECTORS  
6060 VALHALLA AVE  
PENSACOLA, FL 32507

**New Principal Place of Business:**

**Current Mailing Address:**

BB HOMEOWNERS BOARD OF DIRECTORS  
6060 VALHALLA AVE  
PENSACOLA, FL 32507

**New Mailing Address:**

FEI Number: 76-0616215

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

SUZANNE, BLANKENSHIP  
COASTAL ASSOCIATION LAW GROUP  
139 E. GOVERNMENT ST  
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: D  
Name: ELACQUA, JANICE  
Address: 6060 VALHALLA AVE  
City-St-Zip: PENSACOLA, FL 32507

Title: D  
Name: GAYNOR, BILL  
Address: 6060 VALHALLA AVE  
City-St-Zip: PENSACOLA, FL 32507

Title: D  
Name: FLAHERTY, DAVID  
Address: 6043 VALHALLA AVE  
City-St-Zip: PENSACOLA, FL 32507

Title: D  
Name: GRAU, MARK  
Address: 6060 VALHALLA AVE  
City-St-Zip: PENSACOLA, FL 32507

Title: D  
Name: RUSHTON, RENEE  
Address: 6060 VALHALLA AVE  
City-St-Zip: PENSACOLA, FL 32507

I hereby 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 all other like empowered.

SIGNATURE: BILL GAYNOR, TREASURER

D

03/20/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date