


2007 NOT-FOR-PROFIT CORPORATION - ANNUAL REPORT

FILED
Apr 26, 2007 08:00 AM
Secretary of State

DOCUMENT # N99000005468	
1. Entity Name SCOTLAND YARD HOMEOWNERS ASSOCIATION, INC.	

Principal Place of Business 1450 N. 11TH AVE PENSACOLA, FL 32503	Mailing Address 1450 N. 11TH AVE. PENSACOLA, FL 32503
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04202007 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-3604566	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent SWEENEY, VICTORIA P 1450 N. 11TH AVE PENSACOLA, FL 32503
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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>	DATE _____
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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
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRES SWEENEY, VICTORIA P 1450 N. 11TH AVE PENSACOLA, FL 32503
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SHERIDAN, MARGARET 1150 E LEE ST PENSACOLA, FL 32503
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREA YORK, TRAVIS 1151 E BLOUNT PENSACOLA, FL 32503
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SEC. PETERSON, TARA 1130 E LEE ST PENSACOLA, FL 32503
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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05/10/07-80017-022 61.25

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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: <i>Victoria P. Sweeney</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<i>4/22/07</i> <small>Date</small>	<i>850 293 6269</i> <small>Daytime Phone #</small>
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Victoria P. SWEENEY