

# NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Aug 30, 2007 8:00 am**  
**Secretary of State**

08-30-2007 90002 047 \*\*\*\*61.25

**DOCUMENT #** N99000 005701  
**1. Entity Name** NORTH OKALOOSA County Property Owners



**DO NOT WRITE IN THIS SPACE**

**2. Principal Place of Business - No P.O. Box #** 3086 Aplin Rd.  
**3. Mailing Address** 3086 Aplin Rd.

40130754

CR2E037B (5/07)

**City & State** Crestview, FLA.  
**City & State** Crestview, FLA.  
**Zip** 32539 **Country** OKALOOSA  
**Zip** 32539 **Country** OKALOOSA

**4. FEI Number** 618 59-364 6700  
**Applied For** ☐ **Not Applicable**

**5. Certificate of Status Desired** ☐ **\$8.75 Additional Fee Required**

**DO NOT WRITE  
IN THIS SPACE**

**7. Name and Address of Current 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** \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

**FEE IS \$61.25**  
**Initial or Amended AR**

**9. Election Campaign Financing**  
**Trust Fund Contribution.** ☐

**\$5.00 May Be**  
**Added to Fees**

**Make Check Payable to**  
**Florida Department of State**

**10. OFFICERS AND DIRECTORS**

<b>TITLE</b>	<u>Susan Hollingshead</u>
<b>NAME</b>	<u>Sec. / TREAS.</u>
<b>STREET ADDRESS</b>	<u>3086 Aplin Road - Crestview FLA.</u>
<b>CITY-ST-ZIP</b>	<u>32539</u>
<b>TITLE</b>	<u>James Shaffer</u>
<b>NAME</b>	<u>President</u>
<b>STREET ADDRESS</b>	<u>Crestview FLA.</u>
<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	

**DO NOT WRITE  
IN THIS SPACE**

**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 on an attachment with an address with all other like empowered.**

**SIGNATURE:** Susan Hollingshead  
**SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

**Date** \_\_\_\_\_ **Daytime Phone #** \_\_\_\_\_