

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 24, 2006 8:00 am**  
**Secretary of State**

04-24-2006 90351 003 \*\*\*\*61.25

**DOCUMENT # N99000007152**

1. Entity Name  
**NANTUCKET PLACE OF PENSACOLA HOMEOWNERS  
ASSOCIATION, INC.**



Principal Place of Business  
**3298 SUMMIT BLVD  
SUITE 4  
PENSACOLA, FL 32503**

Mailing Address  
**3298 SUMMIT BLVD  
SUITE 4  
PENSACOLA, FL 32503**

**60029212**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

04192006

Chg-NP

CR2E037 (11/05)

4. FEI Number  
**59-3627855**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**ETHERIDGE, RAY O  
3298 SUMMIT BLVD. SUITE 4  
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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2006**

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

TITLE DP ☒ Delete  
NAME ZUBLIIONIS, ANDREW  
STREET ADDRESS 8521 NANTUCKET PLACE  
CITY-ST-ZIP PENSACOLA, FL 32514

TITLE P ☐ Delete  
NAME POSEY, SUSAN  
STREET ADDRESS 8535 NANTUCKET PLACE  
CITY-ST-ZIP PENSACOLA, FL 32504

TITLE D ☒ Delete  
NAME PAGE, SARA  
STREET ADDRESS 8539 NANTUCKET PLACE  
CITY-ST-ZIP PENSACOLA, FL 32514

TITLE DST ☐ Delete  
NAME SLOAN, SUSAN  
STREET ADDRESS 8509 NANTUCKET PLACE  
CITY-ST-ZIP PENSACOLA, FL 32514

TITLE D ☒ Delete  
NAME MOCK, CHERYL  
STREET ADDRESS 5490 OAKMONT DR.  
CITY-ST-ZIP PACE, FL 32571

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE VPD ☐ Change ☒ Addition  
NAME Marcinko, Tracy  
STREET ADDRESS 135 Jolly Creek Rd.  
CITY-ST-ZIP Byrdstown, TN 38549

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE STD ☒ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

*Andrew Zubliionis*

4/24/06

850-433585

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #