2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2009
Secretary of State

DOCUMENT# N99000007152

Entity Name: NANTUCKET PLACE OF PENSACOLA HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

908 GARDENGATE CIR
PENSACOLA, FL 32504

New Principal Place of Business:

908 GARDENGATE CIRCLE
PENSACOLA, FL 32504

Current Mailing Address:

908 GARDENGATE CIR
PENSACOLA, FL 32504

New Mailing Address:

908 GARDENGATE CIRCLE
PENSACOLA, FL 32504

FEI Number: 59-3627855 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ETHERIDGE, RAY O
908 GARDENGATE CIRCLE
PENSACOLA, FL 32504 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: P ( ) Delete
Name: MARCINKO, TRACY
Address: 8534 NANTUCKET PLACE
City-St-Zip: PENSACOLA, FL 32514

Title: STD ( ) Delete
Name: SLOAN, SUSAN
Address: 8509 NANTUCKET PLACE
City-St-Zip: PENSACOLA, FL 32514

Title: VPD ( ) Delete
Name: PAGE, SARA
Address: 8539 NANTUCKET PLACE
City-St-Zip: PENSACOLA, FL 32514

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: MARCINKO, TRACY
Address: 8534 NANTUCKET PLACE
City-St-Zip: PENSACOLA, FL 32514

Title: VPD (X) Change ( ) Addition
Name: PAGE, SARA
Address: 8539 NANTUCKET PLACE
City-St-Zip: PENSACOLA, FL 32514

Title: STD (X) Change ( ) Addition
Name: SLOAN, SUSAN
Address: 8509 NANTUCKET PLACE
City-St-Zip: PENSACOLA, FL 32514

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: RAY O. ETHERIDGE RA 04/21/2009

Electronic Signature of Signing Officer or Director — Date