


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 22, 2006 8:00 am
Secretary of State

03-22-2006 90023 019 ****61.25

DOCUMENT # 729275			
1. Entity Name LAVALLET TOWNHOUSE ASSOCIATION, INC.			
Principal Place of Business CENTRE CROUP PROPERTIES, INC. 4400 BAYOU BLVD STE 35 PENSACOLA, FL 32561		Mailing Address 4400 BAYOU BLVD STE 35 PENSACOLA, FL 32503	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent LONGWELL, TINA 4400 BAYOU BLVD SUITE 35 PENSACOLA, FL 32503		7. Name and Address of New Registered Agent Name <u>CAROL WILKES</u> Street Address (P.O. Box Number is Not Acceptable) <u>220 W. GARDEN ST.</u> <u>Suite 303</u> City <u>PENSACOLA</u> FL Zip Code <u>32502</u>	
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 <u>Carol Wilkes</u> <small>Signature, typed or printed name of registered agent and title if applicable.</small>		DATE _____ <small>(NOTE: Registered Agent signature required when re-registering)</small>	
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP FOWLER, RICHARD 4300 W. FRANCISCO ROAD #34 PENSACOLA, FL 32504 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	OVP DAVID COLIP 4300 W. FRANCISCO Rd #18 PENSACOLA, FL 32504 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V KRASELSKEY, CHARLES 4300 W. FRANCISCO RD #1 PENSACOLA, FL 32504 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP KRASELSKY, CHARLES 4300 W. FRANCISCO Rd, 37 PENSACOLA, FL 32504 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT ARBOGAST, LURTY 4300 W. FRANCISCO ROAD #38 PENSACOLA, FL 32504 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP MARY PERCIVAL 4300 W. FRANCISCO Rd #1 PENSACOLA, FL 32504 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D EFLAND, MARILYN 4300 W. FRANCISCO RD #40 PENSACOLA, FL 32504 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WYLDRA SPARROW 4300 W. FRANCISCO Rd #38 PENSACOLA, FL 32504 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BANAKAS, STEPHEN 4300 W. FRANCISCO ROAD #25 PENSACOLA, FL 32504 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BERNARD MIRAMON 4300 W. FRANCISCO Rd, #22 PENSACOLA, FL 32504 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BOMBAY, JIM 4300 W. FRANCISCO ROAD #39 PENSACOLA, FL 32504 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <u>Charles Kraselsky, Pres</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date <u>3-17-06</u> Daytime Phone # <u>850 434-7633</u>	