


**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 26, 2006 8:00 am
Secretary of State

01-26-2006 90038 005 ****61.25

DOCUMENT # 759782					
1. Entity Name HUNTINGTON BY-THE-SEA CONDOMINIUM OWNERS ASSOCIATION, INC.					
Principal Place of Business 140 MONACO STREET DESTIN, FL 32550 US		Mailing Address 140 MONACO STREET DESTIN, FL 32550 US			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-2216960	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
MCCARTNEY, JOHN 140 MONACO STREET, #101 DESTIN, FL 32550			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		FL
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</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	T	<input checked="" type="checkbox"/> Delete	TITLE	William Haynes	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MCCARTNEY, JOHN		NAME	226 Tuchoe Rd	
STREET ADDRESS	232 GREENBRIAR EST DR		STREET ADDRESS	Jackson, TN 38305	
CITY-ST-ZIP	SAINT LOUIS, MO 63122		CITY-ST-ZIP		
TITLE	P	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WATTS, JOE		NAME		
STREET ADDRESS	157 N. UNION ST.		STREET ADDRESS		
CITY-ST-ZIP	CANTON, MS 39046		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SANDERS, BJ		NAME		
STREET ADDRESS	11647 ISLAND AVE		STREET ADDRESS		
CITY-ST-ZIP	MATLACHA, FL 33993		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	Mike Harrison	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HARRISON, MIKE		NAME	611 White Pine DR.	
STREET ADDRESS	140 MONACO ST. #101		STREET ADDRESS	Dalhousie, GA 30533	
CITY-ST-ZIP	DESTIN, FL 32541		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: <i>William Haynes</i>			Date: 1/23/06 (850) 650-6978		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		

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