


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 27, 2006 8:00 am
Secretary of State

01-27-2006 90040 010 ****70.00

DOCUMENT # N19535 1. Entity Name INNERARITY ISLAND ASSOCIATION, INC.					
Principal Place of Business SUITE 21 4300 BAYOU BLVD. PENSACOLA, FL 32503			Mailing Address SUITE 21 4300 BAYOU BLVD. PENSACOLA, FL 32503		
2. Principal Place of Business Etheridge Prop. Mgmt.				Mailing Address 3298 Summit Blvd.	
Suite, Apt. #, etc. Suite #4		Suite, Apt. #, etc. Suite #4		01102006 Chg-NP CR2E037 (11/05)	
City & State Pensacola FL		City & State Pensacola		4. FEI Number 59-8334327	
Zip 32503		Country USA		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SHELL, THURSTON A. SEVENTH FLOOR, SEVILLE TOWER 226 SOUTH PALAFOX STREET PENSACOLA, FL 32501				7. Name and Address of New Registered Agent Name Ray D. Etheridge Street Address (P.O. Box Number is Not Acceptable) 3298 Summit Blvd Suite #4 City Pensacola FL Zip Code 32503	
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><i>Ray D. Etheridge</i></u> (NOTE: Registered Agent signature required when reinstating) DATE <u><i>Jan 11, 2006</i></u>					
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 PD NAME DENNISON, FAYETTE STREET ADDRESS 1921 SEVILLE DRIVE CITY-ST-ZIP PENSACOLA, FL	<input checked="" type="checkbox"/> Delete		TITLE PD NAME Walker, Beverly STREET ADDRESS 11600 Seascape St. CITY-ST-ZIP Pensacola, FL 32507	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE STD NAME DENNISON, DEAN F. STREET ADDRESS 4300 BAYOU BLVD. SUITE 21 CITY-ST-ZIP PENSACOLA, FL	<input checked="" type="checkbox"/> Delete		TITLE VPD NAME Leardi, Paul STREET ADDRESS 11600 Innerarity Pt. Rd. CITY-ST-ZIP Pensacola, FL 32507	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE D NAME DENNISON, DANA D STREET ADDRESS 330 SILVER RD CITY-ST-ZIP PENSACOLA, FL 32503	<input checked="" type="checkbox"/> Delete		TITLE SD NAME Barbee, Glenn STREET ADDRESS 116340 North Shore Dr. CITY-ST-ZIP Pensacola, FL 32507	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE D NAME GOODLOE, VANN STREET ADDRESS 16318 N SHORE DR CITY-ST-ZIP PENSACOLA, FL 32507	<input checked="" type="checkbox"/> Delete		TITLE TD NAME Moody, Ray STREET ADDRESS 5450 Red Cedar St. CITY-ST-ZIP Pensacola, FL 32507	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE D NAME LEIB, BILL STREET ADDRESS 16317 N SHORE DR CITY-ST-ZIP PENSACOLA, FL 32507	<input checked="" type="checkbox"/> Delete		TITLE D NAME Fennell, John STREET ADDRESS 116288 North Shore Dr. CITY-ST-ZIP Pensacola, FL 32507	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE D NAME WARD, JOSEPH E STREET ADDRESS 5480 NORTH SHORE RD CITY-ST-ZIP PENSACOLA, FL 32507	<input checked="" type="checkbox"/> Delete		TITLE D NAME Milstead, Cliff STREET ADDRESS 11600 Seascape St. CITY-ST-ZIP Pensacola, FL 32507	<input type="checkbox"/> Change <input checked="" 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><i>Beverly Walker</i></u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date <u><i>1-17-06</i></u> 850-497-1899 Daytime Phone #		

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