


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 10, 2006 8:00 am**  
**Secretary of State**

02-10-2006 90005 042 \*\*\*\*61.25

<b>DOCUMENT # N93000003725</b>					
1. Entity Name <b>DELUNA POINT HOMEOWNERS ASSOCIATION, INC.</b>					
Principal Place of Business <b>220 W. GARDEN STREET SUITE 303 PENSACOLA, FL 32501 US</b>			Mailing Address <b>220 W. GARDEN STREET SUITE 303 PENSACOLA, FL 32501 US</b>		
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 <b>59-3237935</b>	
				Applied For <input type="checkbox"/> Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>WILKES, CAROL 220 W GARDEN ST STE 303 PENSACOLA, FL 32501</b>			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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____					
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	P	<input type="checkbox"/> Delete	TITLE	Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DEPOND, JOHN		NAME	JOHN DEPOND	
STREET ADDRESS	33 E. GALVEZ CT.		STREET ADDRESS	33 E GALVEZ CT	
CITY-ST-ZIP	PENSACOLA BEACH, FL 32561		CITY-ST-ZIP	PENSACOLA Beach, FL 32561	
TITLE	PD	<input type="checkbox"/> Delete	TITLE	Sec-Treas	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LAWLESS, GREGORY		NAME	GREG LAWLESS	
STREET ADDRESS	PO BOX 460		STREET ADDRESS	9681 WAWBERG RD	
CITY-ST-ZIP	GULF BREEZE, FL 32563		CITY-ST-ZIP	CENTURY, FL 32535	
TITLE	D	<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PICA, BEVERLY		NAME	STACY ALLEN	
STREET ADDRESS	21 W GALVEZ CT		STREET ADDRESS	17 E GALVEZ CT	
CITY-ST-ZIP	PENSACOLA BEACH, FL 32561		CITY-ST-ZIP	PENSACOLA Beach, FL 32561	
TITLE	SD	<input checked="" type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WILLIAMSON, KATHY		NAME	BRAD BRADDOCK	
STREET ADDRESS	7 W. GALVEZ CT.		STREET ADDRESS	P.O. BN 505	
CITY-ST-ZIP	PENSACOLA BEACH, FL 32561		CITY-ST-ZIP	GULF Breeze, FL 32561	
TITLE	TD	<input checked="" type="checkbox"/> Delete	TITLE	PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DUCH, BRITT		NAME	LINDA DEMPSEY	
STREET ADDRESS	31 E GALVEZ CT		STREET ADDRESS	7 N. GALVEZ CT	
CITY-ST-ZIP	PENSACOLA BEACH, FL 32561		CITY-ST-ZIP	PENSACOLA Beach, FL 32561	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ENGLANO, BOB		NAME	MARK JOHNSON	
STREET ADDRESS	913 GULF BREEZEWAY PKWY, # 14		STREET ADDRESS	5 N. GALVEZ CT	
CITY-ST-ZIP	PENSACOLA BEACH, FL 32561		CITY-ST-ZIP	PENSACOLA Beach, FL 32561	
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>Handi Dempsey</u> <span style="float: right;">2/6/06 850-434-7633</span>					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					

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