

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000003113

FILED
Apr 30, 2006
Secretary of State

Entity Name: SOUTH WALTON COMMUNITY COUNCIL, INC.

Current Principal Place of Business:

118 LAKE POINTE DRIVE
SANTA ROSA BEACH, FL 32459 US

New Principal Place of Business:

50 GOSSAMER LANE
#10
PANAMA CITY BEACH, FL 32413 US

Current Mailing Address:

P.O. BOX 1661
SANTA ROSA BEACH, FL 32459 US

New Mailing Address:

FEI Number: 59-3405269 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KRASKA, BEVERLY 2VP
118 LAKE POINTE DRIVE
SANTA ROSA BEACH, FL 32459 US

Name and Address of New Registered Agent:

NELSON, MARGARET E TREASUR
50 GOSSAMER LANE
#10
PANAMA CITY BEACH, FL 32413 US

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: MARGARET E. NELSON 04/30/2006
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: 2VP () Delete
Name: FOWLKES, RICHARD
Address: 66 SAND DUNES ROAD
City-St-Zip: SANTA ROSA BEACH, FL 324595118

Title: TR () Delete
Name: KRASKA, BEVERLY
Address: 118 LAKE POINTE
City-St-Zip: SEAGROVE BEACH, FL 32459

Title: P () Delete
Name: DOBES, BOB
Address: 113 DOGWOOD STREET
City-St-Zip: SANTA ROSA BEACH, FL 32459

Title: S () Delete
Name: NELSON, MEG
Address: 77 GOSSAMER LANE
City-St-Zip: PANAMA CITY BEACH, FL 32413

Title: D (X) Delete
Name: PAGE, ANITA
Address: PO BOX 2013
City-St-Zip: SANTA ROSA BEACH, FL 32459

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change () Addition
Name: DOBES, ROBERT
Address: 113 DOGWOOD
City-St-Zip: SANTA ROSA BEACH, FL 324595118

Title: SEC (X) Change () Addition
Name: KONOVSKY, MARY
Address: P. O. BOX 1166
City-St-Zip: SANTA ROSA BEACH, FL 32459

Title: VP (X) Change () Addition
Name: FICARRA, ALAN
Address: 228 MARKET STREET
City-St-Zip: SANTA ROSA BEACH, FL 32459

Title: ED (X) Change () Addition
Name: PAGE, ANITA
Address: P. O. BOX 2013
City-St-Zip: SANTA ROSA BEACH, FL 32459

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: MARGARET E. NELSON TREA 04/30/2006
Electronic Signature of Signing Officer or Director Date