2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000005132

FILED Apr 27, 2006 Secretary of State

Entity Name: ENCHANTING OAKS HOMEOWNERS ASSOCIATION, INC

Current Principal Place of Business:		New Principal Place	New Principal Place of Business:		
400 BAY	OU BLVD				
	DLA, FL 32503				
urrent N	lailing Addres	s:	New Mailing Addres	s:	
TE 35	OU BLVD DLA, FL 32503				
El Number	: 59-1757564	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:			Name and Address of	Name and Address of New Registered Agent:	
	VESLEY OU BLVD				
ENSACO	DLA, FL 32503		ourpose of changing its registere	d office or registered agent, or both.	
he above			ourpose of changing its registere	d office or registered agent, or both,	
ENSACO ne above the Stat	e named entity s e of Florida. RE:	submits this statement for the p		d office or registered agent, or both,	
ENSACO ne above the Stat	e named entity s e of Florida. RE:			d office or registered agent, or both, Date	
ENSACC ne above the Stat IGNATU	e named entity s e of Florida. RE:	submits this statement for the particles in the particles of Registered Agric Signature Of Registered Of Registere	ent		
ENSACO ne above the Stat GNATU	e named entity se of Florida. RE: Electron S AND DIREC	ic Signature of Registered Agrons: Delete ING OAKS DR	ent	Date	
ENSACC ne above the Stat GNATU FFICER le: me: dress:	e named entity se of Florida. RE: Electron S AND DIRECTOR PD () MILLER, JIM 5640 ENCHANT PENSACOLA, F	ic Signature of Registered Agrons: Delete ING OAKS DR L 32504 Delete NE ING OAKS DR	ent ADDITIONS/CHANG Title: Name: Address:	Date ES TO OFFICERS AND DIRECTOR	

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: JIM MILLER PD 04/27/2006