## 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N04000005554

FILED Apr 28, 2006 Secretary of State

Entity Name: APALACHICOLA BAY COLONY HOMEOWNERS' ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

1914 SUNSET DR. 134 BAY COLONY WAY ST GEORGE ISLAND, FL 32328 APALACHICOLA, FL 32329

Current Mailing Address: New Mailing Address:

P.O. BOX 876

EASTPOINT, FL 32328

FEI Number: 73-1707737 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired (X)

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

GLEASMAN, WAYNE COMMUNITY MANAGEMENT SERVICES

P.O. BOX 876 P.O. BOX 876

EASTPOINT, FL 32328 US EASTPOINT, FL 32328 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: WAYNE M GLEASMAN 04/28/2006

Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

 Title:
 P/D
 ( ) Delete
 Title:
 DVP
 (X) Change ( ) Addition

 Name:
 DATRY, ERIC
 Name:
 BLOODWORTH, RONALD

Address: 129 WILTON DR. Address: 109 W GORRIE DRIVE
City-St-Zip: DECATUR, GA 30030 City-St-Zip: ST. GEORGE ISLAND, FL 32328

Title: VP/D ( ) Delete Title: DP (X) Change ( ) Addition

Name: GILBERT, SAM

Name: GILBERT, SAM

Address: 224 FRANKLIN BLVD. Address: 224 FRANKLIN BLVD.
City-St-Zip: ST. GEORGE ISLAND, FL 32328 City-St-Zip: ST. GEORGE ISLAND, FL 32328

Title: S/T ( ) Delete Title: DTS (X) Change ( ) Addition Name: GLEASMAN, WAYNE Name: GLEASMAN, WAYNE

 Address:
 P.O. BOX 876
 Address:
 P.O. BOX 876

 City-St-Zip:
 EASTPOINT, FL 32328
 City-St-Zip:
 EASTPOINT, FL 32328

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: WAYNE M GLEASMAN DTS 04/28/2006