

**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 09, 2006 8:00 am**  
**Secretary of State**

01-09-2006 90033 012 \*\*\*\*61.25



**DOCUMENT # 702793**  
 1. Entity Name  
**ELLIOTT'S POINT CHANNEL ASSOCIATION, INC.**

Principal Place of Business  
**372 GARDNER DRIVE**  
**FT WALTON BCH, FL 32548**

Mailing Address  
**372 GARDNER DRIVE**  
**FT WALTON BCH, FL 32548**



2. Principal Place of Business  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

01032006 Chg-NP CR2E037 (11/05)

City & State

4. FEI Number  
**59-1803952**

Applied For  
 Not Applicable

Zip Country Zip Country

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**THOROUGH, DOE G.**  
**372 GARDNER DRIVE**  
**FT. WALTON BEACH, FL 32548**

**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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$61.25**  
**Due by May 1, 2006**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

**Make check payable to Florida Department of State**

**10. OFFICERS AND DIRECTORS**

TITLE	P	<input type="checkbox"/> Delete
NAME	WILSON, JANET	
STREET ADDRESS	368 GARDNER DR NE	
CITY-ST-ZIP	FORT WALTON BEACH, FL 32548	
TITLE	VP	<input type="checkbox"/> Delete
NAME	OLDNETTLE, CHRIS	
STREET ADDRESS	306 SUDDUTH CIRCLE	
CITY-ST-ZIP	FORT WALTON BEACH, FL 32548	
TITLE	S	<input type="checkbox"/> Delete
NAME	THOROUGH, DOE G	
STREET ADDRESS	372 GARDNER DRIVE N.E.	
CITY-ST-ZIP	FORT WALTON BEACH, FL 32548	
TITLE	T	<input type="checkbox"/> Delete
NAME	THOROUGH, DOE G	
STREET ADDRESS	372 GARDNER DRIVE	
CITY-ST-ZIP	FT WALTON BEACH, FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	BOURQUE, ART	
STREET ADDRESS	88 LAURIE DR	
CITY-ST-ZIP	FORT WALTON BEACH, FL 32548	
TITLE	D	<input type="checkbox"/> Delete
NAME	PIACENTE, GREG	
STREET ADDRESS	398 GARDNER DR	
CITY-ST-ZIP	FT WALTON BEACH, FL	

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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:** DOE G THOROUGH (DOE.G.THOROUGH) 1/5/06 850-243-7036  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #