

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 08, 2007 8:00 am
Secretary of State

01-08-2007 90248 029 ****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 - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01042007 Chg-NP CR2E037 (12/06)

City & State

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

7. Name and Address of New Registered Agent

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

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 re-registering)

DATE _____

**Filing Fee is \$61.25
 Due by May 1, 2007**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **P** Delete
 NAME **WILSON, JANET**
 STREET ADDRESS **368 GARDNER DR NE**
 CITY-ST-ZIP **FORT WALTON BEACH, FL 32548**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **VP** Delete
 NAME **OLDNETTLE, CHRIS**
 STREET ADDRESS **306 SUDDUTH CIRCLE**
 CITY-ST-ZIP **FORT WALTON BEACH, FL 32548**

TITLE **VP** Change Addition
 NAME **JOHN HOLGUINN**
 STREET ADDRESS **386 GARDNER DR. NE**
 CITY-ST-ZIP **FORT WALTON BEACH, FL 32548**

TITLE **S** Delete
 NAME **THOROUGH, DOE G**
 STREET ADDRESS **372 GARDNER DRIVE N.E.**
 CITY-ST-ZIP **FORT WALTON BEACH, FL 32548**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **T** Delete
 NAME **THOROUGH, DOE G**
 STREET ADDRESS **372 GARDNER DRIVE**
 CITY-ST-ZIP **FT WALTON BEACH, FL**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** Delete
 NAME **BOURQUE, ART**
 STREET ADDRESS **88 LAURIE DR**
 CITY-ST-ZIP **FORT WALTON BEACH, FL 32548**

TITLE **D** Change Addition
 NAME **WALT ORR**
 STREET ADDRESS **308 SUDDUTH CIRCLE**
 CITY-ST-ZIP **FORT WALTON BEACH, FL 32548**

TITLE **D** Delete
 NAME **PIACENTE, GREG**
 STREET ADDRESS **398 GARDNER DR**
 CITY-ST-ZIP **FT WALTON BEACH, FL**

TITLE **D** Change Addition
 NAME **ED. LUSSIER**
 STREET ADDRESS **382 GARDNER DR. NE**
 CITY-ST-ZIP **FORT WALTON BEACH, FL 32548**

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**) /4/07 850-243-7036
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #