


**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 11, 2008 08:00 A**  
**Secretary of State**

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



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

**DO NOT WRITE IN THIS SPACE**



01082008 No Chg-NP      CR2E037 (4/06)

4. FEI Number <b>59-1803952</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  
**THOROUGH, DOE G.**  
**372 GARDNER DRIVE**  
**FT. WALTON BEACH, FL 32548**

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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)      DATE \_\_\_\_\_

**Filing Fee is \$61.25**  
**Due by May 1, 2008**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WILSON, JANET 368 GARDNER DR NE FORT WALTON BEACH, FL 32548
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP HOLGUINN, JOHN 386 GARDNER DR. NE FORT WALTON BEACH, FL 32548
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S THOROUGH, DOE G 372 GARDNER DRIVE N.E. FORT WALTON BEACH, FL 32548
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T THOROUGH, DOE G 372 GARDNER DRIVE FT WALTON BEACH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BOURQUE, ART 88 LAURIE DR FORT WALTON BEACH, FL 32548
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PIACENTE, GREG 398 GARDNER DR FT WALTON BEACH, FL

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 01/15/08-80011-008 61.25

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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**) **JAN. 9. 2008** **850-243-7036**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #