

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 743531

FILED
May 15, 2006
Secretary of State

Entity Name: FORT WALTON BEACH VISTA DEL MAR CONDOMINIUMS ASSOCIATION, INC.

Current Principal Place of Business:

925 WHELK COURT
FORT WALTON BEACH, FL 32548

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 8053
FORT WALTON BEACH, FL 32548

New Mailing Address:

FEI Number: 59-2070449 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

HEBERT, MARSHALL
925 WHELK COURT
UNIT #1
FT. WALTON BEACH, FL 32548 US

Name and Address of New Registered Agent:

HEBERT, MARSHALL
2165 CASTLE GROVE DRIVE
NAVARRE, FL 32566 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: _____

05/15/2006

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: STD () Delete
Name: HEBERT, FRANCIS
Address: 217 MC ARTHUR AVENUE
City-St-Zip: FT. WALTON BEACH, FL

Title: VPD () Delete
Name: GILLUM, WANDA
Address: P.O. BOX 442
City-St-Zip: DEMOREST, GA 30535

Title: PD () Delete
Name: REMELE, CINDY
Address: 925 WHELK COURT #6
City-St-Zip: FORT WALTON BEACH, FL 32548

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: STD (X) Change () Addition
Name: HEBERT, FRANCIS
Address: 2165 CASTLE GROVE DRIVE
City-St-Zip: NAVARRE, FL 32566

Title: D (X) Change () Addition
Name: GILLUM, WANDA
Address: P.O. BOX 442
City-St-Zip: DEMOREST, GA 30535

Title: PD (X) Change () Addition
Name: LINGER, ROBERT
Address: 2410 33RD STREET
City-St-Zip: MOLINE, IL 61265

Title: VPD () Change (X) Addition
Name: MATTIS, GARY
Address: 2410 33RD STREET
City-St-Zip: MOLINE, IL 61265

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: SCOTT JENSEN

MGR

05/15/2006

Electronic Signature of Signing Officer or Director

Date