

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2006 8:00 am
Secretary of State

04-14-2006 90128 012 ****61.25

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01172006 Chg-NP CR2E037 (11/05)

DOCUMENT # 747151 1. Entity Name PORT SIDE VILLAS OWNERS ASSOCIATION, INC.					
Principal Place of Business 1299 FT. PICKENS RD PENSACOLA BEACH, FL 32561 US			Mailing Address P.O. BOX 1093 GULF BREEZE, FL 32562 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-1917887	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
KELIHER, JOHN 2022 DOWNING DRIVE PENSACOLA, FL 32505				Name Street Address (P.O. Box Number is Not Acceptable) City	
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.				FL Zip Code	
SIGNATURE				DATE	
Filing Fee is \$61.25 Due by May 1, 2006				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	
\$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	VP	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	KELIHER, JOHN		NAME		
STREET ADDRESS	2022 DOWNING DR		STREET ADDRESS		
CITY-ST-ZIP	PENSACOLA, FL 32505		CITY-ST-ZIP		
TITLE	T	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	FERACHI, PAUL		NAME	DANIEL PACE	
STREET ADDRESS	17613 EAGLEWOOD DR.		STREET ADDRESS	1299 FT. PICKENS ROAD #33	
CITY-ST-ZIP	BATON ROUGE, LA 70810		CITY-ST-ZIP	Pensacola Beach, FL 32561	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	FOLSE, PAMELA		NAME	Bill BLANFORD	
STREET ADDRESS	2007 E. GADSEN, #304		STREET ADDRESS	200 Peninsula Blvd. 8204	
CITY-ST-ZIP	PENSACOLA, FL 32501		CITY-ST-ZIP	Gulf Shores, AL 36542	
TITLE	PD	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	MCELLIGOTT, SCOTT		NAME	DAN HAMILTON	
STREET ADDRESS	334 RENA DRIVE		STREET ADDRESS	8012 meadow LAKE ROAD	
CITY-ST-ZIP	LAFAYETTE, LA 70502		CITY-ST-ZIP	NiwoT, CO 80503	
TITLE	S	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	SELIGMAN, ARNOLD		NAME	KAREN Gilbreath	
STREET ADDRESS	2278 BROOKWOOD PLACE		STREET ADDRESS	930 Bay Cliffs ROAD	
CITY-ST-ZIP	CANTONMENT, FL 32533		CITY-ST-ZIP	Gulf Breeze, FL 32561	
TITLE	P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	DUNLAP, CAS		NAME		
STREET ADDRESS	5200 KELLER SPRINGS #1516		STREET ADDRESS		
CITY-ST-ZIP	DALLAS, TX 75248		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: <i>John F. Keliker</i>			JOHN F. KELIHER 3/30/06 850-525-6614		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		