

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

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FILED
Jul 31, 2006 8:00 am
Secretary of State

07-10-2006 90026 029 ****70.00

DOCUMENT # 751811 1. Entity Name THE OCEANNA CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 8000 SURF DR PANAMA CITY BEACH, FL 32408			Mailing Address 8000 SURF DR PANAMA CITY BEACH, FL 32408		
2. Principal Place of Business Oceanna Condo Assoc.		3. Mailing Address 8000 Surf Drive			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State Panama City Beach, FL		City & State Panama City Beach, FL		4. FEI Number APPLIED FOR 53-0188589 ☒ Applied For ☐ Not Applicable	
Zip 32408		Country FL		5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent HESS, BRIAN 9108 FRONT BEACH ROAD PANAMA CITY BEACH, FL 32407			7. Name and Address of New Registered Agent Name SAME 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 state if applicable. (NOTE: Registered Agent signature required when reappointing)					
Filing Fee is \$61.25 Due by September 6, 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 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10					
TITLE	D	☒ Delete	TITLE	President	☒ Change ☐ Addition
NAME	MERIDA, LEONARD		NAME	Jerry Kilgore	
STREET ADDRESS	PO BOX 86		STREET ADDRESS	1128 Trail Blazer Way	
CITY-ST-ZIP	FLOYD, VA 24091		CITY-ST-ZIP	Lilburn, GA 30047	
TITLE	D	☒ Delete	TITLE	VP	☐ Change ☐ Addition
NAME	SHAFFER, ROBERT		NAME	Jim Matthews	
STREET ADDRESS	1131 ROCKY RD		STREET ADDRESS	11305 Front Beach Rd	
CITY-ST-ZIP	LAWRENCEVILLE, GA 30044		CITY-ST-ZIP	PCB, FL 32413	
TITLE	TS	☒ Delete	TITLE	TS	☐ Change ☐ Addition
NAME	PAYNE, DAVID		NAME	Fred Mellow	
STREET ADDRESS	8132 S LAGOON DRIVE		STREET ADDRESS	1360 Eron Circle	
CITY-ST-ZIP	PANAMA CITY BEACH, FL		CITY-ST-ZIP	Suwanee GA 30024	
TITLE	D	☒ Delete	TITLE	TS	☐ Change ☐ Addition
NAME	KILGORE, JERRY		NAME	Carol Lyons	
STREET ADDRESS	1128 TRAIL BLAZER WAY NW		STREET ADDRESS	3365 Oak Hampton way	
CITY-ST-ZIP	LILBURN, GA 30047		CITY-ST-ZIP	Duluth GA 30096	
TITLE	VP	☒ Delete	TITLE	D	☐ Change ☐ Addition
NAME	HUMPHRIES, LEON		NAME	Leonard Merida	
STREET ADDRESS	5330 SUWANEE DAN RD		STREET ADDRESS	PO Box 86	
CITY-ST-ZIP	SUWANEE, GA 30024		CITY-ST-ZIP	Floyd, VA 24091	
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: <u>Jerry Kilgore</u> Jerry Kilgore President			Date <u>7/6/06</u> Daytime Phone # <u>770-595-8014</u>		

Federal Id # 53-0188589