


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 07, 2007 8:00 am
Secretary of State

03-07-2007 90004 049 ****61.25

DOCUMENT # 759782 1. Entity Name HUNTINGTON BY-THE-SEA CONDOMINIUM OWNERS ASSOCIATION, INC.					
Principal Place of Business 140 MONACO STREET DESTIN, FL 32550 US			Mailing Address 140 MONACO STREET DESTIN, FL 32550 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-2216960	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/>	
				Not Applicable <input type="checkbox"/>	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
MCCARTNEY, JOHN 140 MONACO STREET, #101 DESTIN, FL 32550				Name 	
				Street Address (P.O. Box Number is Not Acceptable) 	
				City 	
				State 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2007		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	T	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	HAYNES, WILLIAM		NAME		
STREET ADDRESS	226 TUCHOE RD.		STREET ADDRESS		
CITY-ST-ZIP	JACKSON, TN 38305		CITY-ST-ZIP		
TITLE	P	<input checked="" type="checkbox"/> Delete	TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WATTS, JOE		NAME	Curtiss McKee	
STREET ADDRESS	157 N. UNION ST.		STREET ADDRESS	306 Deer Haven Dr	
CITY-ST-ZIP	CANTON, MS 39046		CITY-ST-ZIP	Madison, MS 39110	
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	SANDERS, BJ		NAME		
STREET ADDRESS	11647 ISLAND AVE		STREET ADDRESS		
CITY-ST-ZIP	MATLACHA, FL 33993		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	HARRISON, MIKE		NAME		
STREET ADDRESS	611 WHITE PINE DR.		STREET ADDRESS		
CITY-ST-ZIP	DAHLONEGA, GA 30533		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> 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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			3/5/07 <small>Date</small>		
			800-837-8658 <small>Daytime Phone #</small>		