

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2006 8:00 am
Secretary of State

04-24-2006 90351 039 ****61.25

DOCUMENT # 762473

1. Entity Name
DEEP WATER COVE OWNERS ASSOCIATION, INC.



Principal Place of Business
**3298 SUMMIT BLVD.
STE. 4
PENSACOLA, FL 32503 US**

Mailing Address
**3298 SUMMIT BLVD.
STE. 4
PENSACOLA, FL 32503 US**

60029224



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04192006 Chg-NP CR2E037 (11/05)

City & State

City & State

4. FEI Number
36-3189072

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**ETHERIDGE, RAY O.
3298 SUMMIT BLVD.
STE. 4
PENSACOLA, FL 32503**

Name

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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

TITLE	PD	<input type="checkbox"/> Delete
NAME	SCHUSTER, PAUL	
STREET ADDRESS	100 FT PICKENS RD # 102	
CITY - ST - ZIP	PENSACOLA, FL 32561	
TITLE	VD	<input type="checkbox"/> Delete
NAME	BUDZOWSKI, DAVID	
STREET ADDRESS	110 MATAMORUS DR	
CITY - ST - ZIP	PENSACOLA, FL 32561	
TITLE	S	<input type="checkbox"/> Delete
NAME	ETHERIDGE, RAY	
STREET ADDRESS	3298 SUMMIT BLVD STE 4	
CITY - ST - ZIP	PENSACOLA, FL 32503	
TITLE	TD	<input type="checkbox"/> Delete
NAME	PARTAIN, MARGO	
STREET ADDRESS	100 FT PICKENS RD # 101	
CITY - ST - ZIP	PENSACOLA BCH, FL 32561	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS	
CITY - ST - ZIP	
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NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/19/06

Date

80-438-355

Daytime Phone #