

**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 02, 2004 8:00 am
Secretary of State

02-02-2004 90063 001 ***211.25

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1. Entity Name
**STEAMBOAT LANDING CONDOMINIUM ASSOCIATION,
INC.**



Principal Place of Business
**161 BROOKS STREET, S.E.
FT. WALTON BEACH, FL 32548-5826**

Mailing Address
**161 BROOKS STREET, S.E.
FT. WALTON BEACH, FL 32548-5826**



01262004 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3057013	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**CORPORATE ACCESS, INC.
236 EAST 6TH AVENUE
TALLAHASSEE, FL 32303**

**DO NOT WRITE
IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

**Filing Fee Is \$61.25
Due by May 1, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	HILL, GRADY
STREET ADDRESS	8373 JOLEE
CITY-ST-ZIP	DENHAM SPRINGS, LA 70706

TITLE	VP
NAME	PIGOTT, TOM
STREET ADDRESS	22485 MITCH RD.
CITY-ST-ZIP	BOGALUSA, LA 70427

TITLE	S
NAME	HORNE, RUTH
STREET ADDRESS	918 ELM DR
CITY-ST-ZIP	BOGALUSA, LA 70427

TITLE	T
NAME	FLOYD, ALAN
STREET ADDRESS	511 RUSH PARK CIRCLE
CITY-ST-ZIP	MARY ESTHER, FL 32569

TITLE	D
NAME	MCDANIEL, HEATHER
STREET ADDRESS	62488 HAMP PIGOTT RD
CITY-ST-ZIP	BOGALUSA, LA 70427

TITLE	D
NAME	CARR, ROBERT
STREET ADDRESS	124 WALTON DR.
CITY-ST-ZIP	FORT WALTON BEACH, FL 32548

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: **ALAN D. FLOYD**

1-28-04 (850) 244-1391

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #