
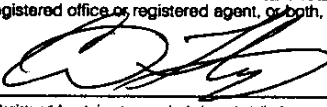
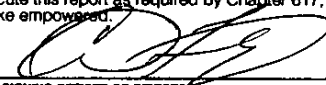


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 25, 2006 8:00 am**  
**Secretary of State**

01-25-2006 90031 013 \*\*\*\*61.25

<b>DOCUMENT # 768412</b> 1. Entity Name <b>STEAMBOAT LANDING CONDOMINIUM ASSOCIATION, INC.</b>					
Principal Place of Business <b>161 BROOKS STREET, S.E. FT. WALTON BEACH, FL 32548-5826</b>			Mailing Address <b>161 BROOKS STREET, S.E. FT. WALTON BEACH, FL 32548-5826</b>		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		01232006 Chg-NP CR2E037 (11/05)	
4. FEI Number <b>59-3057013</b>				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>CORPORATE ACCESS, INC. 236 EAST 6TH AVENUE TALLAHASSEE, FL 32303</b>			7. Name and Address of New Registered Agent Name <b>ALAN FLOYD</b> Street Address (P.O. Box Number is Not Acceptable) <b>511 RUSH PARK CIR</b> City <b>MARY ESTHER</b> <b>FL</b> Zip Code <b>32569</b>		
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 <b>ALAN FLOYD</b> <small>Signature, typed or printed name of registered agent and title if applicable.</small>		 <small>(NOTE: Registered Agent signature required when reinstating)</small>		<b>1-23-06</b> <small>DATE</small>	
<b>Filing Fee is \$61.25 Due by May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P HILL, GRADY 8373 JOLEE - DENHAM SPRINGS, LA 70706</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP PIGOTT, TOM 22485 MITCH RD. BOGALUSA, LA 70427</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S HORNE, RUTH 918 ELM DR BOGALUSA, LA 70427</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T FLOYD, ALAN 511 RUSH PARK CIRCLE MARY ESTHER, FL 32569</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D MCDANIEL, HEATHER 62488 HAMP PIGOTT RD BOGALUSA, LA 70427</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D CARR, ROBERT 124 WALTON DR. FORT WALTON BEACH, FL 32548</b> <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D ALAN FLOYD 511 RUSH PARK DR MARY ESTHER, FL 32569</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
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.					
<b>SIGNATURE: ALAN D FLOYD</b>				<b>1-23-06 (850) 244-1391</b>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>		<small>Daytime Phone #</small>	