


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 14, 2006 8:00 am
Secretary of State

07-14-2006 90022 011 ****70.00

DOCUMENT # 768888 1. Entity Name PLAZA DE LISTO, OWNERS' ASSOCIATION, INC.					
Principal Place of Business 415 MOUNTAIN DRIVE STE 3 DESTIN, FL 32541			Mailing Address 415 MOUNTAIN DRIVE STE 3 DESTIN, FL 32541 US		
2. Principal Place of Business 415 Mountain Drive		3. Mailing Address			
Suite, Apt. #, etc. Suite #6		Suite, Apt. #, etc.			
City & State Destin FL		City & State			
Zip 32541		Country USA		Zip Country	
6. Name and Address of Current Registered Agent HUDSON, ALICELYN 415 MOUNTAIN DRIVE, SUITE 2 DESTIN, FL 32541				7. Name and Address of New Registered Agent Name Martha T. Moody Street Address (P.O. Box Number is Not Acceptable) 415 Mountain Drive Suite #6 City Destin FL Zip Code 32541	
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 <u>Martha J. Moody</u> DATE <u>7-7-06</u> <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 September 6, 2006		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 NAME STREET ADDRESS CITY-ST-ZIP	DS HUDSON, ALICELYN 415 MOUNTAIN DR., #2 DESTIN, FL 32541		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete DS Martha T. Moody 415 Mountain Drive #6 Destin, FL 32541	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MOODY, MARTHA 415 MOUNTAIN DRIVE STE 3 DESTIN, FL 32541		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MILLER, JERRY 415 MOUNTAIN DR., #3 DESTIN, FL 32541		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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	<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	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input 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.					
SIGNATURE: <u>Martha J. Moody</u>			Date <u>7-7-06</u> Daytime Phone # <u>850-837-8831</u>		