


**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 23, 2006 8:00 am**  
**Secretary of State**

03-23-2006 90007 035 \*\*\*\*61.25

<b>DOCUMENT # 770935</b>					
1. Entity Name <b>CHANNEL MARKER CONDOMINIUM ASSOCIATION, INC.</b>					
Principal Place of Business 1695 W. HWY 98 P.O. BOX 792 MARY ESTHER, FL 32569			Mailing Address <del>1695 W. HWY 98</del> P.O. BOX 792 MARY ESTHER, FL 32569		
2. Principal Place of Business			3. Mailing Address <b>CHANNEL MARKER</b>		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		Country	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<del>MEAD, MICHAEL</del> 24 WALTER MARTIN ROAD FORT WALTON BEACH, FL 32548			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 _____					
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00</b> 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	DP	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PERKINS, JAMES			NAME	
STREET ADDRESS	1695 HWY 98W #203			STREET ADDRESS	
CITY-ST-ZIP	MARY ESTHER, FL 32569			CITY-ST-ZIP	
TITLE	DV	<input checked="" type="checkbox"/> Delete		TITLE	DV <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KING, JOHN			NAME	SCHUESSLER, NYNA
STREET ADDRESS	3501 INWOOD AVE			STREET ADDRESS	1523 MT. VERNON ST.
CITY-ST-ZIP	NEW ORLEANS, LA 70131			CITY-ST-ZIP	OSHKOSH WI 54901
TITLE	DS	<input checked="" type="checkbox"/> Delete		TITLE	DS <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GRUBER, MARIANNE			NAME	MARIE DANIEL
STREET ADDRESS	1643 RIVER RD			STREET ADDRESS	2357 ARENDELL WAY
CITY-ST-ZIP	JACKSONVILLE, FL 32207			CITY-ST-ZIP	TALLAHASSEE FL 32308
TITLE	T	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SUTHERLAND, JEFFREY C			NAME	
STREET ADDRESS	4690 PEACOCK DR			STREET ADDRESS	
CITY-ST-ZIP	PENSACOLA, FL 32504			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: <u>Jeffrey C. Sutherland</u> <b>JEFFREY C. SUTHERLAND</b> 02/21/06 850/476-4730					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					