FILED Jun 14, 2006 8:00 am Secretary of State 06-14-2006 90005 007 ****70.00

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N00000003766

1. Entity Name COURT DEL MAR HOMEOWNERS' ASSOCIATION. INC.								
Principal Place of Business 186 DURANGO ROAD DESTIN, FL 32541		Mailing Address 764 SAILFISH DRIVE FORT WALTON BEACH, FL 32548						
2. Principal Place of Business P.O. Box ZO/S 3. Mailing Address P.O. Box 2015								
Fr. WALT	ON BEACH FL 32549	Fr. WALTON BE	ETON BEACH FL 325		/ 1004(101 DA 001() D			
Suite, Apt.		Suite, Apt. #, etc.				g-NP CR2E	037 (4/06)	
City & Stat	.ton BEACH, FL	City & State			FEI Number 59-3652972	2	No	plied For t Applicable
Zip 3254	Country	Zip	Country	5. (Certificate of Sta	tus Desired	\$8.75 Add Fee Required	
コスリヤ	6. Name and Address of Current F		ı		Name and Addr	ess of New Registered		-
RICHARDSON, ANNE M 1743 EIGHTEENTH STREET NICEVILLE, FL 32578 Name V-A.V.N. JBROWN Street Address (P.O. Box Number is Not Acceptable) 764 SaiuFISH Drive								
			City	Lilaira	y Brazi	, FI	Zip Code	110
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 To Company Brown Signature, typed or printed ame of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE OATE								
Filing Fee is \$61.25 Due by September 6, 2006 9. Election Campaign Financing Trust Fund Contribution.					00 May Be od to Fees	Make ched Florida Depa	ck payable to ertment of St	I
10.	OFFICERS AND DIR	ECTORS	11.		IONS/CHANGE	S TO OFFICERS AND D		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BROWN, JAMES 186 DURANGO ROAD DESTIN, FL 32541	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRES. JAME 764 S FT. W	SE. BR	COWN SH DR. BEACH, FL	2548	Addition
TITLE NAME STREET ADDRESS CITY-SI-ZIP	VPD TUCKER, RITA 1817 DEL MAR COURT DESTIN, FL 32551	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			,	☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD ADKINS, DIANE 184 DURANGO ROAD DESTIN, FL 32541	☐ Defete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	507	ADKINS DSCEOLA IN, FL	5 9 DRIVE 32541	☑ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Change	☐ Addition 〕
TITLE NAME STREET ADDRESS CITY-ST-ZIP		· 🔲 Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Change	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 addition, with all the empowered. SIGNATURE: 18. 20. 19. 20. 20. 20. 20. 20. 20. 20. 20. 20. 20								
SIGNATURE: JAMES E. BROWN May 30, 2006 (850) 796-3087 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Dale Date Description Phone #								