2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N0000006803

FILED Apr 19, 2007 Secretary of State

Entity Name: CESSNA LANDING COMMUNITY ASSOCIATION, INC.

Current Principal Place of Business:				New Princ	New Principal Place of Business:			
5311 E CO SUITE 5	HWY 30A							
	SA BEACH, FI	L 32459	US					
Current Mailing Address:				New Maili	New Mailing Address:			
STE 5	UNTY HWY 30 DSA BEACH, FI		US					
FEI Number:			er Applied For ()	FEI Number Not Appl	licable ()	Certificate of Status Desir	ed ()	
				•	. ,		()	
Name and	Address of C	urrent Re	gistered Agent:	Name and	Address of	New Registered Agent:		
5311 E CO STE 5	T, WALTER R UNTY HWY 30 DSA BEACH, FI		JS					
The above in the State		ubmits this	s statement for the p	ourpose of changing i	ts registered	office or registered agent	, or both,	
SIGNATUR	RE:							
	Electroni	c Signatur	e of Registered Age	ent		Date		
OFFICERS AND DIRECTORS:				ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	DP () THOMPSON, JO 159 MALLARD L SANTA ROSA BE	ANE.	2459	Title: Name: Address: City-St-Zip:	() Change () Addition		
Title: Name: Address: City-St-Zip:	DT () FOYE, ED 110 CLUB WAY ENTERPRISE, A	Delete L 36330		Title: Name: Address: City-St-Zip:	DT (X FOY, ED 110 CLUB WA ENTERPRISE			
Title: Name: Address: City-St-Zip:	DS () BREED, JOHN 76 LOBLOLLY B SANTA ROSA BE		2459	Title: Name: Address: City-St-Zip:	BREED, JOHN 33 MALLARD			
Title: Name: Address: City-St-Zip:	D () MCCABE, BRIAN 512 OLD BEACH SANTA ROSA BE	HRD #43	2459	Title: Name: Address: City-St-Zip:	() Change ()Addition		
Title: Name: Address: City-St-Zip:	D () BEAUCHAMP, B 310 VININGS WA DESTIN, FL 325	AY #8-202		Title: Name: Address: City-St-Zip:	() Change () Addition		
Title: Name: Address: City-St-Zip:	DV () SMITH, STUART 4076 INDIAN BA DESTIN, FL 325	YOU LN		Title: Name: Address: City-St-Zip:	D (X SMITH, STUAI 4076 INDIAN I DESTIN, FL 3	BAYOU LN		

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WALTER R PRITCHETT MGR 04/19/2007