2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2005
Secretary of State

DOCUMENT# N00283

Entity Name: NEW WALTON VILLAGE HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

204-D 4TH STREET
APT #7
FORT WALTON BEACH, FL 32548

New Principal Place of Business:

Current Mailing Address:

204-D 4TH STREET
APT #7
FORT WALTON BEACH, FL 32548

New Mailing Address:

FEI Number: 59-2503059 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MCLENDON, WILLIAM R SR
204 D. SE 4TH STREET
SUITE 7
FORT WALTON BEACH, FL 32548 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	TD	( ) Delete
Name:	GILREATH, SUSAN	
Address:	204-D FOURTH STREET UNIT 6	
City-St-Zip:	FORT WALTON BEACH, FL 32548	
Title:	PD	( ) Delete
Name:	MCLENDON, WILLIAM R SR	
Address:	206-C FOURTH STREET UNIT 6	
City-St-Zip:	FORT WALTON BEACH, FL 32548	
Title:	SD	( ) Delete
Name:	DAVIS, LESLIE	
Address:	205-A THIRD STREET UNIT 1	
City-St-Zip:	FORT WALTON BEACH, FL 32548	
Title:	VPD	( ) Delete
Name:	AUSTIN, ROBERT	
Address:	206-C FOURTH STREET UNIT 1	
City-St-Zip:	FORT WALTON BEACH, FL 32548	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	SD	(X) Change ( ) Addition
Name:	DAVIS, LESLIE	
Address:	421 PRIMROSE CIRCLE	
City-St-Zip:	DESTIN, FL 32541	
Title:	VPD	(X) Change ( ) Addition
Name:	AUSTIN, BRENDA	
Address:	206-C FOURTH STREET UNIT 1	
City-St-Zip:	FORT WALTON BEACH, FL 32548	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: SUSAN GILREATH TD 04/24/2005

Electronic Signature of Signing Officer or Director — Date