

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00283

FILED  
Apr 26, 2006  
Secretary of State

**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: 421 PRIMROSE CIRCLE  
City-St-Zip: DESTIN, FL 32541

Title: VPD ( ) Delete  
Name: AUSTIN, BRENDA  
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: MIXON, SUZANNE  
Address: 204-C FOURTH STREET UNIT 1  
City-St-Zip: FORT WALTON BEACH, FL 32548

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: SUSAN GILREATH

TD

04/26/2006

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date