
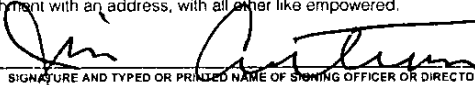


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 09, 2007 8:00 am
Secretary of State

05-09-2007 90112 029 ****61.25

DOCUMENT # N00494 1. Entity Name NAUTICAL WATCH COMMUNITY ASSOCIATION, INC.			
Principal Place of Business 6505 THOMAS DR. PANAMA CITY BEACH, FL 32408		Mailing Address 9450 S. THOMAS DRIVE PANAMA CITY BEACH, FL 32408 US	
2. Principal Place of Business - No P.O. Box # 6205 Thomas Dr.		3. Mailing Address Suite, Apt. #, etc.	
City & State Panama City Beach, FL		City & State Suite, Apt. #, etc.	
Zip 32408		Country USA	
4. FEI Number 59-2382282		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent RESORT ASSOCIATION MANAGEMENT, INC. 9450 S. THOMAS DRIVE PANAMA CITY BEACH, FL 32408		7. Name and Address of New Registered Agent 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>			
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD HAMMACK, EDDIE 1338 MURRAYS LOCK PLACE KENNESAW, GA 30152	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD FREEMAN, ELZIE 2317 MAGNOLIA DRIVE PANAMA CITY BEACH, FL 32408	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD SPINK, THOMAS 1050 CLAYBOURNE ROAD LOUISVILLE, KY 40214	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD ARMSTRONG, JIM 2416 LAURELTON CREEK RD. CHATTANOOGA, TN 37421	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D ALBRIGHT, BILLY 538 BELL ROAD ANTIOCH, TN 37013	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D VELEZ, JOSE 447 WAHOO ROAD BAYPOINT, FL 32408	<input checked="" type="checkbox"/> Delete	
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 address, with all other like empowered.			
SIGNATURE: 		Date 04.28.07 Daytime Phone # 423.504.2538	