## **2006 NOT-FOR-PROFIT CORPORATION** ANNUAL REPORT

FILED May 08, 2006 8:00 am 4/7

DOCUMENT # N0100001318  1. Entity Name THE LANDING AT CAMP CREEK OWNER'S ASSOCIATION, INC.						Secretary of State 04-20-2006 90182 012 ****61.25				
Principal Place of Business 5365 E. COUNTY HWY. 30-A, #105 SEAGROVE BEACH, FL 32459 SANTA ROSA BEACH, FL 3						à 188111 <b>79</b> 471	2013: (lài) 88M 88W 8	1814 STH S <b>219</b> 1	i t <b>hu</b> n ki un arn ne fe	Rijia di Lagi
2. Principal Place of Business 3.			3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.			03242006	Chg-NP	CR2E	037 (11/05)		
City & State			City & State			4. FEI Number Applied FI 59-3713022 Not Applie		pplied For ot Applicable		
Zip	Zip Country		Zip	Country		5. Certificate of Status Desired S8.75 Additional Fee Required				
	6. Name	and Address of Current	Registered Agent		7. Name and Address of New Registered Agent					
BRUNI, ALAN P				Nam	18					
PO BOX 4762- 74 PARLY SANTA ROSA BEACH, Ft. 32469			70 57	Stree	et Address (I	at Address (P.O. Box Number is Not Acceptable)				
551 CHANCE ST CO										
DA AMARIE BEACH G								F	Zip Cod	te
8. The above	named entit	y submits this statement to	r the purpose of changing its	registered affic	e or register	ed agent, or bot	h, in the State of I	Florida. I ar	n familiar with	, and accept
the obligat	ions of regist	tered agent.	2413-0							•
26412"0										
SIGNATURE .	Signature, typed	t or printed name of registered agent		E: Registered Agunt si	igneture required	when reinstating)		DATE		
SIGNATURE .	Filing Fe		and title if applicable. (NOT	E: Registered Agent is mpalgn Financin Contribution.		\$5.00 May B Added to Fees		Make che	ck payable t	
SIGNATURE	Filing Fe	t or priviled name of regissered agent	9. Election Cal	mpalgn Financin	" <sub>□</sub>	\$5.00 May B Added to Fees		Make che orida Depa	irtment of S	tate
10. 111LE	Filing Fe Due by N	or protect name of registered agent tee Is \$61.25 Ray 1, 2006	9. Election Cal	mpalgn Financin Contribution.	" []  DP	\$5.00 May B Added to Fees ADDITIONS/CHA	FIG	Make che orida Depa	irtment of S	tate
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10. TITLE NAME STREET ADDRESS	PITING FEEDURE BY NO.	to protect name of represented against the Is \$61.25 Ray 1, 2006  OFFICERS AND DI I, FRANK CO. HWY 30-A #105	9. Election Cal Trust Fund (	mpalgn Financin Contribution.  11.  TITLE NAME STREET ADDRE	DP mic Si	\$5.00 May B Added to Fees ADDITIONS/CHA LHAEL CHANCE	ANGES TO OFFICE	Make cheorida Depa ERS AND D	DIRECTORS IN Change	N 10 Addition
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10. TITLE NAME STREET ADDRESS CITY-ST-ZP	DPT WATSON 5365 E. C SEAGRO DVS MILLER, I	of protect name of represented apparation in the Is \$61.25 Ray 1, 2006  OFFICERS AND DII  I, FRANK CO. HWY 30-A #105  VE BEACH, FL 32459	9. Election Car Trust Fund (  PECTORS  Delete	TIPLE NAME STREET ADDRE	DP MIC SI PAN DT	\$5.00 May B Added to Fees ADDITIONS/CHA HAEL CHANCO I OMB C	FIGURE TO OFFICE  SIGNERY  ELANCE  LEY  BE	Make checorida Deparente AND D	Change	N 10 Addition
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12. I hereby certify that the information supplied with this falling 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 it 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, well-all other like empowered.

SIGNATURE:

Description of the corporation of 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, well-all other like empowered.

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TIED HAME OF SIGNING OFFICER ON DIRECTOR