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

## **FILED** Apr 14, 2006 8:00 am Secretary of State

04-14-2006 90146 046 \*\*\*\*61.25

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1. Entity Name **ROLLIN TIDE VILLAS CONDOMINIUM OWNERS** ASSOCIATION, INC. Man Principal Place of Business Mailing Address 5311 E. CO HWY 30A P.O. BOX 4703 SANTA ROSA BEACH, FL 32459-4703 US SANTA ROSA BEACH, FL 32459 04062006 Chg-NP CR2E037 (11/05) 4. FEI Number 56-2300314 Applied For Santa Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent PRITCHETT, WALTER R s (P.O. Box Number is Not Acceptable) 5311 E CO HWY 30A SANTA ROSA BEACH, FL 32459 SANTA KosA Bench 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 HUCY C. WARD \$5.00 May Be 9. Election Campaign Financing Make check payable to Filing Fee is \$61.25 Trust Fund Contribution. Florida Department of State Due by May 1, 2006 Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. Addition Change ☐ Delete TITLE TITLE J.B. Wiggins NAME WILLIAMS, GARETH NAME 49 Hinton Dr. #2 SANTA ROSA Beby Fl. 32459 STREET ADDRESS 1565 BLOCKFORD COURT EAST STREET ADDRESS CITY-ST-ZIP TALLAHASSEE, FL 32317 CITY-ST-ZIP WARREN, MANISSAL.
120 Braxton Lane West ST Delete TITLE TITLE WARREN, MARISSA L NAME NAME 120 BRAXTON LANE WEST STREET ADDRESS STREET ADDRESS Hendersonville, M 37075 CITY-ST-ZIP HENDERSONVILLE, TN 37075 CITY-ST-7IP Delete TITLE ☐ Addition TITLE Johnson, Eprole Line NAME JOHNSON, CAROLE NAME STREET ADDRESS 603 PEBBLE CREEK LANE STREET ADDRESS Enterprise, Al. 36350 ENTERPRISE, AL 36330 CITY-ST-ZIP CITY-ST-ZIP Delete **Z**-Ghange ■ Addition TITLE VΡ TITLE ASHDOWN, GORDON NAME NAME STREET ADDRESS 1 WARDBROOK ST, POUNDBURY STREET ADDRESS DORCHESTER. DORSE UK DTI3GQ. CITY-ST-ZIP CITY-ST-ZIP TITLE **Z** Delete TITLE ☐ Change Addition THOMPSON, WAYNE NAME NAME 656 MEADOW LANE STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ALBERT LEA, MN 56007 **Z** Celete TITLE ☐ Change ☐ Addition TITLE D WIGGINS, SUE W NAME NAME STREET ADDRESS **PO BOX 117** STREET ADORESS HAVERFORD, PA 19041 CITY-ST-ZIP CITY-ST-ZIP

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 attachpery with an address, with all other like empowered.

SIGNATURE: