

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000009098

FILED  
Apr 29, 2006  
Secretary of State

Entity Name: W.E. COMBS NEIGHBORHOOD ASSOCIATION, INC.

**Current Principal Place of Business:**

216 COMBS MANOR COURT NW  
FORT WALTON BEACH, FL 32548

**New Principal Place of Business:**

**Current Mailing Address:**

216 COMBS MANOR COURT NW  
FORT WALTON BEACH, FL 32548

**New Mailing Address:**

FEI Number: 36-4515122

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

BRYANT, MARY J  
216 COMBS MANOR COURT NW  
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: TREA ( ) Delete  
Name: BRYANT, JAMES  
Address: 216 COMBS MANOR CT. NW  
City-St-Zip: FORT WALTON BEACH, FL 32548 US

Title: SECR ( ) Delete  
Name: SHEFFIELD, ANNIE  
Address: 224 BURNETTE AVENUE NW  
City-St-Zip: FORT WALTON BEACH, FL 32548 US

Title: DIR ( ) Delete  
Name: ROBINSON, TONYA  
Address: 209 COMBS MANOR CT. NW  
City-St-Zip: FORT WALTON BEACH, FL 32548 US

Title: DIR ( ) Delete  
Name: HENRY, SHARONA  
Address: 209 BURNETTE AVE. NW  
City-St-Zip: FORT WALTON BEACH, FL 32548 US

Title: DIR ( ) Delete  
Name: HENRY, FRITZ  
Address: 209 BURNETTE AVE. NW  
City-St-Zip: FORT WALTON BEACH, FL 32548 US

Title: DIR ( ) Delete  
Name: HAWTHORNE, SARAH  
Address: 217 COMBS MANOR COURT NW  
City-St-Zip: FORT WALTON BEACH, FL 32548 US

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

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

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

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

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: MARY JANE BRYANT

PRES

04/29/2006

Electronic Signature of Signing Officer or Director

Date