


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

**FILED**  
**Apr 10, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N02000009601</b>	
1. Entity Name <b>THE PEACOCK POINT HOMEOWNERS' ASSOCIATION, INC.</b>	

Principal Place of Business <b>1217 AIRPORT RD SUITE #420 DESTIN, FL 32541</b>	Mailing Address <b>PO BOX 5452 DESTIN, FL 32540</b>
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**DO NOT WRITE IN THIS SPACE**



02212006 No Chg-NP CR2E037 (11/05)

4. FEI Number <b>45-0521556</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent  <b>MCGILL, ROBERT E III 36008 EMERALD COAST PKWY STE 301 DESTIN, FL 32541</b>
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IN THIS SPACE**

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</small>	(NOTE: Registered Agent signature required when reinstating)	DATE _____
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<b>Filing Fee is \$61.25 Due by May 1, 2006</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D SIMS, JOHN 4516 OLDE PLANTATION PL DESTIN, FL 32541
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D SIMS, BARBARA 4516 OLDE PLANTATION PL DESTIN, FL 32541
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D JOHNSON, WILLIAM J JR PO BOX 5452 DESTIN, FL 32540
TITLE NAME STREET ADDRESS CITY- ST- ZIP	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	

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04/25/06-80036-011 61.25

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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.

<b>SIGNATURE:</b> <u>William J Johnson</u>	<b>3-31-06</b>
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<small>Date Daytime Phone #</small>