

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000001856

FILED  
Jan 12, 2006  
Secretary of State

**Entity Name:** OWNERS ASSOCIATION OF EAST BAY PLANTATION, INC.

**Current Principal Place of Business:**

206 EAST FOURTH STREET  
PORT ST. JOE, FL 32456

**New Principal Place of Business:**

116 SAILORS COVE DRIVE  
PORT ST. JOE, FL 32456

**Current Mailing Address:**

206 EAST FOURTH STREET  
PORT ST. JOE, FL 32456

**New Mailing Address:**

P. O. BOX 39  
PORT ST. JOE, FL 32457

**FEI Number:**

**FEI Number Applied For (X)**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

RISH, GIBSON & SCHOLZ, P.A.  
206 EAST FOURTH STREET  
PORT ST. JOE, FL 32456 US

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

RISH, GIBSON & SCHOLZ, P.A.  
116 SAILORS COVE DRIVE  
PORT ST. JOE, FL 32456 US

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: THOMAS S. GIBSON

01/12/2006

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: DP ( ) Delete  
Name: GIBSON, THOMAS S  
Address: 206 EAST FOURTH STREET  
City-St-Zip: PORT ST. JOE, FL 32456

Title: DS ( ) Delete  
Name: RISH, WILLIAM J JR  
Address: 2010 HIGHWAY C-30  
City-St-Zip: PORT ST. JOE, FL 32456

Title: D ( ) Delete  
Name: RISH, WILLIAM J  
Address: 206 EAST FOURTH STREET  
City-St-Zip: PORT ST. JOE, FL 32456

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

Title: DP (X) Change ( ) Addition  
Name: GIBSON, THOMAS S  
Address: 116 SAILORS COVE DRIVE  
City-St-Zip: PORT ST. JOE, FL 32456

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

Title: D (X) Change ( ) Addition  
Name: RISH, WILLIAM J  
Address: 116 SAILORS COVE DRIVE  
City-St-Zip: PORT ST. JOE, FL 32456

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: THOMAS S. GIBSON

D

01/12/2006

Electronic Signature of Signing Officer or Director

Date