

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2006 8:00 am
Secretary of State

04-27-2006 90203 022 ****61.25

DOCUMENT # N03000002435

1. Entity Name
**GREATER DEFUNIAK SPRINGS COMMUNITY
ASSOCIATION, INC.**



Principal Place of Business
59 BAY AVE.
DEFUNIAK SPRINGS, FL 32435

Mailing Address
59 BAY AVE.
DEFUNIAK SPRINGS, FL 32435

40067253



2. Principal Place of Business

179 S 1st Street
Suite, Apt. #, etc.

3. Mailing Address

179 S 1st Street
Suite, Apt. #, etc.

01042006 Chg-NP CR2E037 (11/05)

City & State

De Funiak Springs, FL
32435 Walton

City & State

De Funiak Springs, FL
32435 Walton

4. FEI Number
04-3746899

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

HILLARD, JORDAN B
59 BAY AVE.
DEFUNIAK SPRINGS, FL 32435

7. Name and Address of New Registered Agent

Name: Sonny Yates
Street Address (P.O. Box Number is Not Acceptable):
179 S 1st Street
City: De Funiak Springs FL Zip Code: 32435

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

Sonny Yates

(NOTE: Registered Agent signature required when reinstating)

DATE

4-15-06

Filing Fee is \$61.25
Due by May 1, 2006

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE: P
NAME: HILLARD, JORDAN B
STREET ADDRESS: 59 BAY AVE.
CITY-ST-ZIP: DEFUNIAK SPRINGS, FL 32435 ☐ Delete

TITLE: VP
NAME: MCLEOD, VONCILLE
STREET ADDRESS: 193 FLORENCE ST.
CITY-ST-ZIP: DEFUNIAK SPRINGS, FL 32435 ☐ Delete

TITLE: SECT
NAME: WRIGHT, JANE
STREET ADDRESS: 244 COLLEGE AVE.
CITY-ST-ZIP: DEFUNIAK SPRINGS, FL 32435 ☐ Delete

TITLE: TRES
NAME: WRIGHT, JANE
STREET ADDRESS: 244 COLLEGE AVE.
CITY-ST-ZIP: DEFUNIAK SPRINGS, FL 32435 ☐ Delete

TITLE: ☐ Delete
NAME: ☐ Delete
STREET ADDRESS: ☐ Delete
CITY-ST-ZIP: ☐ Delete

TITLE: ☐ Delete
NAME: ☐ Delete
STREET ADDRESS: ☐ Delete
CITY-ST-ZIP: ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE: P
NAME: Yates, Sonny
STREET ADDRESS: 179 S 1st Street
CITY-ST-ZIP: De Funiak Springs, FL 32435 ☒ Change ☐ Addition

TITLE: VP
NAME: McLeod, Voncille
STREET ADDRESS: 193 Florence Street
CITY-ST-ZIP: De Funiak Springs, FL 32435 ☐ Change ☐ Addition

TITLE: ☒ Change ☐ Addition
NAME: Mary Lind Devlin
STREET ADDRESS: 155 College Av.
CITY-ST-ZIP: De Funiak Springs, FL 32435

TITLE: ☒ Change ☐ Addition
NAME: Mary Lind Devlin
STREET ADDRESS: 155 College Av.
CITY-ST-ZIP: De Funiak Springs, FL 32435

TITLE: ☐ Change ☐ Addition
NAME: ☐ Change ☐ Addition
STREET ADDRESS: ☐ Change ☐ Addition
CITY-ST-ZIP: ☐ Change ☐ Addition

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.

SIGNATURE:

Mary Lind Devlin Mary Lind Devlin

Date

Daytime Phone #

2/28/06 892-7294