

**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. 15<sup>th</sup> Street  
Suite, Apt. #, etc.

3. Mailing Address  
179 S. 15<sup>th</sup> Street  
Suite, Apt. #, etc.

City & State  
De Funiaak Springs, FL  
Zip 32435 County Walton

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De Funiaak Springs, FL  
Zip 32435 County Walton

01042006 Chg-NP CR2E037 (11/05)

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. 15<sup>th</sup> Street  
City De Funiaak 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

(Signature, typed or printed name of registered agent and title if applicable.)

(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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Change  Addition

Yates, Sonny  
179 S. 15<sup>th</sup> Street  
De Funiaak Springs, FL 32435

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

Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Change  Addition

McLeod, Voncille  
193 Florence Street  
De Funiaak Springs, FL 32435

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

Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Change  Addition

Mary Lind Devlin  
155 College AV.  
De Funiaak Springs, FL 32435

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

Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Change  Addition

Mary Lind Devlin  
165 College Av.  
De Funiaak Springs, FL 32435

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Change  Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Delete

TITLE  
NAME  
STREET ADDRESS  
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 2/28/06 892-7294  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #