

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000004587

FILED
Apr 25, 2006
Secretary of State

Entity Name: PARK POINT AT SECLUDED DUNES HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

209 7TH ST
PORT SAINT JOE, FL 32456 US

New Principal Place of Business:

Current Mailing Address:

209 7TH ST
SUITE C-202
PORT SAINT JOE, FL 32456 US

New Mailing Address:

209 7TH ST
SUITE C
PORT SAINT JOE, FL 32456 US

FEI Number: 90-0238128

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GIBSON, THOMAS S
206 E. 4TH STREET
PORT ST. JOE, FL 32456 US

Name and Address of New Registered Agent:

GIBSON, THOMAS S
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:

04/25/2006

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: DWYER, RYAN
Address: 2100 RIVEREDGE PARKWAY #700
City-St-Zip: ATLANTA, GA 30328 US

Title: D () Delete
Name: LOCKETT, BOB
Address: 2100 RIVEREDGE PARKWAY #700
City-St-Zip: ATLANTA, GA 30328 US

Title: D () Delete
Name: DELONGA, STEVEN
Address: 2100 RIVEREDGE PARKWAY #700
City-St-Zip: ATLANTA, GA 30328 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change () Addition
Name: PARSONS, ROBERT
Address: 209 7TH STREET
City-St-Zip: PORT ST. JOE, FL 32456 US

Title: DV (X) Change () Addition
Name: TALLMAN, ALEX
Address: 209 7TH STREET
City-St-Zip: PORT ST. JOE, FL 32456 US

Title: DST (X) Change () Addition
Name: TALLMAN, CONNIE
Address: 209 7TH STREET
City-St-Zip: PORT ST. JOE, FL 32456 US

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: ROBERT PARSONS

DP

04/25/2006

Electronic Signature of Signing Officer or Director

Date