

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 27, 2006 8:00 am**  
**Secretary of State**

02-27-2006 90056 011 \*\*\*\*61.25

<b>DOCUMENT # N03000005725</b>					
<b>1. Entity Name</b> THE LOFTS AT BARRETT SQUARE OWNERS' ASSOCIATION, INC.					
<b>Principal Place of Business</b> 67 SEACREST BEACH BLVD E PANAMA CITY BEACH, FL 32413			<b>Mailing Address</b> PO BOX 611707 ROSEMARY BEACH, FL 32461		
<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		<b>4. FEI Number</b> 56-2375176	
Zip		Country		Applied For <input type="checkbox"/> Not Applicable	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>			<b>7. Name and Address of New Registered Agent</b>		
HALL, STEVEN K 36468 EMERALD COAST PARKWAY SUITE 2101 DESTIN, FL 32541			Name <u>CYNTHIA STENBERG</u> Street Address (P.O. Box Number is Not Acceptable) <u>67 SEACREST BEACH BLVD EAST</u> <u>PANAMA CITY BEACH</u> City <u>FL</u> Zip Code <u>32413</u>		
<b>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.</b>					
SIGNATURE <u>Cynthia Stenberg</u> <small>Signature, typed or printed name of registered agent and title if applicable.</small>			DATE <u>2/23/06</u> <small>(NOTE: Registered Agent signature required when reinstating)</small>		
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2006</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
<b>TITLE</b> PD	<b>NAME</b> MANGHAM, JOHN W	<input checked="" type="checkbox"/> Delete	<b>TITLE</b> P	<b>NAME</b> WEATHERBY, ABBY	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>STREET ADDRESS</b> 21 PEACHTREE HILLS	ATLANTA, GA 30305		<b>STREET ADDRESS</b> 622 YORKSHIRE ROAD	ATLANTA GA 30306	
<b>CITY - ST - ZIP</b>	ATLANTA, GA 30305		<b>CITY - ST - ZIP</b>	ATLANTA GA 30306	
<b>TITLE</b> ST	<b>NAME</b> ROOKIS, RICHARD J	<input checked="" type="checkbox"/> Delete	<b>TITLE</b> VP	<b>NAME</b> MAX GURSEW	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<b>STREET ADDRESS</b> 7 TOWN CENTER LOOP C-14	SANTA ROSA BEACH, FL 32459		<b>STREET ADDRESS</b> 5824 MACAN DR.	HUNTSVILLE AL. 35802	
<b>CITY - ST - ZIP</b>	SANTA ROSA BEACH, FL 32459		<b>CITY - ST - ZIP</b>	HUNTSVILLE AL. 35802	
<b>TITLE</b> VPD	<b>NAME</b> WEATHERBY, ABBY	<input type="checkbox"/> Delete	<b>TITLE</b> S	<b>NAME</b> BEPPI JOHNSON	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<b>STREET ADDRESS</b> 662 YORKSHIRE ROAD	ATLANTA, GA 30306		<b>STREET ADDRESS</b> 1829 29TH AVE SOUTH	BIRMINGHAM, AL 35209	
<b>CITY - ST - ZIP</b>	ATLANTA, GA 30306		<b>CITY - ST - ZIP</b>	BIRMINGHAM, AL 35209	
<b>TITLE</b> 	<b>NAME</b> 	<input type="checkbox"/> Delete	<b>TITLE</b> 	<b>NAME</b> 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>STREET ADDRESS</b> 			<b>STREET ADDRESS</b> 		
<b>CITY - ST - ZIP</b>			<b>CITY - ST - ZIP</b>		
<b>TITLE</b> 	<b>NAME</b> 	<input type="checkbox"/> Delete	<b>TITLE</b> 	<b>NAME</b> 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>STREET ADDRESS</b> 			<b>STREET ADDRESS</b> 		
<b>CITY - ST - ZIP</b>			<b>CITY - ST - ZIP</b>		
<b>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>					
<b>SIGNATURE:</b> <u>Abby Weatherby</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date <u>2/16/06</u> Daytime Phone # <u>404.822-4593</u>		