

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

04-27-2006 90187 046 ****61.25

DOCUMENT # N03000006315					
1. Entity Name LAPLAYA AT PERDIDO OWNER'S ASSOCIATION, INC.					
Principal Place of Business 13555 SANDY KEY DR PENSACOLA, FL 32507			Mailing Address 14110 PERDIDO KEY DRIVE STE F-1 PENSACOLA, FL 32507		
2. Principal Place of Business		3. Mailing Address <i>P.O. Box 34010</i>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State <i>PENSACOLA, FL</i>		4. FEI Number 63-1260080	
Zip	Country	Zip <i>32507</i>	Country <i>USA</i>	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent NEWMAN, RAYMOND F JR 348 MIRACLE STRIP PARKWAY SW SUITE 7 FORT WALTON BEACH, FL 32548-5253			7. Name and Address of New Registered Agent Name <i>ERIS, GRACE K.</i> Street Address (P.O. Box Number is Not Acceptable) <i>14508 PERDIDO KEY DR.</i> City <i>PENSACOLA</i> FL Zip Code <i>32507</i>		
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 <i>Grace K. Eris</i>				DATE <i>4/25/06</i>	
Filing Fee is \$61.25 Due by May 1, 2006				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MILTENBERGER, ARTHUR		NAME		
STREET ADDRESS	503 DARLINGTON ROAD		STREET ADDRESS		
CITY-ST-ZIP	LIGONIER, PA 15658		CITY-ST-ZIP		
TITLE	VP	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MILLER, ROY		NAME		
STREET ADDRESS	822 PROGRESS INDUSTRIAL BLVD		STREET ADDRESS		
CITY-ST-ZIP	LAWRENCEVILLE, GA 30043		CITY-ST-ZIP		
TITLE	T	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MCMILLAN, JAMES		NAME		
STREET ADDRESS	13555 SANDY KEY DRIVE, UNIT 501		STREET ADDRESS		
CITY-ST-ZIP	PENSACOLA, FL 32507		CITY-ST-ZIP		
TITLE	S	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BOLL, THOMAS		NAME		
STREET ADDRESS	161 DEERWOOD LAKE DRIVE		STREET ADDRESS		
CITY-ST-ZIP	HARPERSVILLE, AL 35078		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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: <i>Arthur P. Miltenberger</i> <i>ARTHUR P. MILTENBERGER</i> <i>4/25/06</i> <i>(850) 493-4637</i>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					