

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 10, 2006 8:00 am
Secretary of State

04-10-2006 90295 032 ****61.25

DOCUMENT # N03000007686

1. Entity Name
EMERALD COAST PARROT HEAD CLUB INC.



Principal Place of Business
**229 CREST DR.
DESTIN, FL 32550 US**

Mailing Address
**P.O. BOX 5052
DESTIN, FL 32550 US**

60026043



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04042006 Chg-NP CR2E037 (11/05)

4. FEI Number
30-0207468

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SCHNEIDER, MICHAEL A
229 CREST DR.
DESTIN, FL 32550**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

**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
NAME
STREET ADDRESS
CITY - ST - ZIP
**P
WOOLMAN, PAUL
709 ST. CROIX COVE
NICEVILLE, FL 32578** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**T
Rutledge, Diane
9294 Vandivere Drive, Navarre, FL 32566** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**VP
BOB, BIEL
208 TWIN LAKES LN.
DESTIN, FL 32541** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**VP
Trotter, Carey
611 Choctaw Drive, Destin, FL 32541** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**M@L
SCHNEIDER, SHERRY
229 CREST DR.
DESTIN, FL 32550** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
M@L ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**SEC
PHILLIPS, LINDA
365 WALTON WAY
DESTIN, FL 32550** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
M@L ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**M@L
MURPHY, SHARON
705 ST. CROIX COVE
NICEVILLE, FL 32578** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
SEC ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**M@L
WOOLMAN, DEBBIE
709 ST. CROIX COVE
NICEVILLE, FL 32578** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
M@L ☐ 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:

Paul Woolman

Paul Woolman

4-5-06

850-650-0886

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #