2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

Apr 19, 2005 8:00 am Secretary of State DOCUMENT # N03000008943 04-19-2005 90386 028 ****70.00 CONRAD POINTE ASSOCIATION, INC. Principal Place of Business Mailing Address 2002 GERALO LANE LYNN HAVEN FL 32444 2002 GERALO LANE LYNN HAVEN FL 32444 3. Mailing Address 2. Principal Place of Business Suite. Apt. #. etc. Suite, Apt. #, etc. 1st MOORE CR2E037 (10/04) Applied For City & State City & State 4. FEI Number 77-0611852 Not Applicable Zip Zip Country \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Whitaker, Debrah C. WHITAKER, DEBORAH C Street Address (P.O. Box Number is Not Acceptable) 2002 GERALO LANE LYNN HAVEN FL 32444 F1 32409 Parama Citu City 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 DATE Signature, typed or printed name of registered agent and title if applicable (NOTE, Registered Agent signature required when reinstating) FILE NOW: FEE IS \$61.25 9. Election Campaign Financing \$5.00 May Be Make Check Payable to Trust Fund Contribution. Florida Department of State Due By May 1, 2005 Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. 10 ☐ Change ☐ Addition ☐ Delete TITLE TITLE LAYFIELD, WILLIAM E NAME NAME 7234 RESOTA LANE STREET ADDRESS STREET ADDRESS SOUTHPORT FL 32409 CITY-ST-ZIP CITY-ST-7IP ☐ Delete TITLE ☐ Change ☐ Addition HALLMON, KATHARINE J NAME NAME 3714 TIPPECANOE LANE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP SOUTHPORT FL 32409 CITY-ST-ZIP Delete Addition ☐ Change TITLE TITLE Joy Conrad 3701 Tippecance Lane JOYNER, JOHN T NAME. NAME ___. 3710 CONWICK DRIVE STREET ADDRESS STREET ADDRESS SOUTHPORT FL 32409 CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE WHITAKER, DEBORAH C NAME NAME 6936 HIRAWS Rd 2002 GERALO LANE STREET ADDRESS STREET ADDRESS Panama City 71 32409 LYNN HAVEN FL 32444 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Addition THILE TITLE Change CASFORO, BRANT NAME NAME 3704 TIPPERCANOE LANE STREET ADDRESS STREET ADDRESS PANAMA CITY FL 32409 CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition WARNER, DIANE NAME NAME 7230 RESOTA LANE STREET ADDRESS STREET ADDRESS PANAMA CITY FL 32409 CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.

FILED