


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 06, 2006 8:00 am
Secretary of State

03-06-2006 90018 027 ****70.00

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1. Entity Name
CONRAD POINTE ASSOCIATION, INC.



Principal Place of Business
 2002 GERALO LANE
 LYNN HAVEN, FL 32444

Mailing Address
 2002 GERALO LANE
 LYNN HAVEN, FL 32444

2. Principal Place of Business
6936 HIRAMS Road

3. Mailing Address
6936 HIRAMS Road

Suite, Apt. #, etc.

City & State
Panama City FL

City & State
Panama City Florida

Zip
32409

Country
USA

Zip
32409

Country
USA

6. Name and Address of Current Registered Agent


WHITAKER, DEBORAH C
6936 HIRAMS RD
PANAMA CITY, FL 32409

4. FEI Number
77-0611852

Applied For
 Not Applicable

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

03012006 Chg-NP CR2E037 (11/05)



7. Name and Address of New Registered Agent

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 _____ DATE _____

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

TITLE	D	<input type="checkbox"/> Delete
NAME	LAYFIELD, WILLIAM E	
STREET ADDRESS	7234 RESOTA LANE	
CITY-ST-ZIP	SOUTHPORT, FL 32409	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	HALLMON, KATHARINE J	
STREET ADDRESS	3714 TIPPECANOE LANE	
CITY-ST-ZIP	SOUTHPORT, FL 32409	
TITLE	D	<input type="checkbox"/> Delete
NAME	CONRAD, JOY	
STREET ADDRESS	3701 TIPPECANOE LANE	
CITY-ST-ZIP	PANAMA CITY, FL 32409	
TITLE	D	<input type="checkbox"/> Delete
NAME	WHITAKER, DEBORAH C	
STREET ADDRESS	6936 HIRAMS RD	
CITY-ST-ZIP	PANAMA CITY, FL 32409	
TITLE	D	<input type="checkbox"/> Delete
NAME	CASFORD, BRANT	
STREET ADDRESS	3704 TIPPECANOE LANE	
CITY-ST-ZIP	PANAMA CITY, FL 32409	
TITLE	D	<input type="checkbox"/> Delete
NAME	WARNER, DIANE	
STREET ADDRESS	7230 RESOTA LANE	
CITY-ST-ZIP	PANAMA CITY, FL 32409	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CASFORD, Brant	
STREET ADDRESS	3704 Tippecanoe Lane	
CITY-ST-ZIP	Panama City FL 32409	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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: *Deborah C Whitaker* **3-1-06** **850 833 7188**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #