


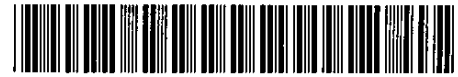
# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 01, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # N03000008943**  
 1. Entity Name  
**CONRAD POINTE ASSOCIATION, INC.**



Principal Place of Business Mailing Address  
**6936 HIRAM'S RD PANAMA CITY FL 32409** **6936 HIRAM'S RD PANAMA CITY FL 32409**



1st MOORE CR2E037 (10/06)

2. Principal Place of Business - No P.O. Box # 3. Mailing Address  
 Suite, Apt. #, etc. Suite, Apt. #, etc.  
 City & State City & State

Zip Country Zip Country

4. FEI Number **77-0611852** Applied For Not Applicable  
 5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent  
**WHITAKER, DEBORAH C**  
**6936 HIRAMS RD**  
**PANAMA CITY FL 32409**

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 Deborah C Whitaker DATE 2/23/07  
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**  
**Due By May 1, 2007**

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-STATE-ZIP	SOUTHPORT FL 32409	
TITLE	D	<input type="checkbox"/> Delete
NAME	CONRAD, JOY	
STREET ADDRESS	3701 TIPPECANOE LANE	
CITY-STATE-ZIP	PANAMA CITY FL 32409	
TITLE	D	<input type="checkbox"/> Delete
NAME	WHITAKER, DEBORAH C	
STREET ADDRESS	6936 HIRAMS RD	
CITY-STATE-ZIP	PANAMA CITY FL 32409	
TITLE	D	<input type="checkbox"/> Delete
NAME	CASFORO, BRANT	
STREET ADDRESS	3704 TIPPE CANOE LANE	
CITY-STATE-ZIP	PANAMA CITY FL 32409	
TITLE	D	<input type="checkbox"/> Delete
NAME	WARNER, DIANE	
STREET ADDRESS	7230 RESOTA LANE	
CITY-STATE-ZIP	PANAMA CITY FL 32409	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	U00000852781	
CITY-STATE-ZIP	03/12/07-80083-001 70.00	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 DATE: 2/23/07 8502656371