


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

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

<b>DOCUMENT # N03000008943</b> 1. Entity Name <b>CONRAD POINTE ASSOCIATION, INC.</b>					
Principal Place of Business <b>6936 HIRAM'S RD PANAMA CITY FL 32409</b>			Mailing Address <b>6936 HIRAM'S RD PANAMA CITY FL 32409</b>		
2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.			
City & State  Zip		City & State  Zip		4. FEI Number <b>77-0611852</b>	
Country		Country		5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>WHITAKER, DEBORAH C 6936 HIRAMS RD PANAMA CITY FL 32409</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;"><b>FL</b></span> 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 <u><i>Deborah C Whitaker</i></u> <span style="float: right;"><u>2/23/07</u></span> <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW: FEE IS \$61.25 Due By May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees		<b>Make Check Payable to Florida Department of State</b>	
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	D <input type="checkbox"/> Delete <b>LAYFIELD, WILLIAM E 7234 RESOTA LANE SOUTHPORT FL 32409</b>	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>U000000852781 03/12/07-80033-001 70.00</b>		
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	D <input type="checkbox"/> Delete <b>CONRAD, JOY 3701 TIPPECANOE LANE PANAMA CITY FL 32409</b>	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	D <input type="checkbox"/> Delete <b>WHITAKER, DEBORAH C 6936 HIRAMS RD PANAMA CITY FL 32409</b>	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	D <input type="checkbox"/> Delete <b>CASFORO, BRANT 3704 TIPPE CANOE LANE PANAMA CITY FL 32409</b>	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	D <input type="checkbox"/> Delete <b>WARNER, DIANE 7230 RESOTA LANE PANAMA CITY FL 32409</b>	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		

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* 2/23/07 850 265 6371