

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 05, 2006 8:00 am
Secretary of State

04-05-2006 90147 041 ****61.25

DOCUMENT # N04000002667

1. Entity Name

CELADON BEACH OWNERS ASSOCIATION, INC.



Principal Place of Business

17757 FRONT BEACH RD.
PANAMA CITY BEACH FL 32413

Mailing Address

17757 FRONT BEACH RD.
PANAMA CITY BEACH FL 32413

40044002



2. Principal Place of Business

17757 FRONT BEACH RD

Suite, Apt. #, etc.

3. Mailing Address

17757 FRONT BEACH RD

Suite, Apt. #, etc.

1st MOORE

CR2E037 (10/05)

City & State

PANAMA CITY BEACH, FL

City & State

PANAMA CITY BEACH, FL

4. FEI Number

65-1220971

Applied For

Not Applicable

Zip

32413

Country

USA

Zip

32413

Country

U.S.A

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BLUE, ROB JR. ESQ
221 MCKENZIE AVENUE
PANAMA CITY FL 32402

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: 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 checked="" type="checkbox"/> Delete
NAME	JONES, WAYNE	
STREET ADDRESS	PO BOX 1043	
CITY-ST-ZIP	FREEPORT FL 32439	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	LAIRD, HARRY A III	
STREET ADDRESS	PO BOX 1043	
CITY-ST-ZIP	FREEPORT FL 32439	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	RUSHING, RICK	
STREET ADDRESS	P.O. BOX 945	
CITY-ST-ZIP	MARY ESTHER FL 32569	
TITLE	PRESIDENT	<input type="checkbox"/> Delete
NAME	Tommy DAVIS	
STREET ADDRESS	P.O. BOX 7787	
CITY-ST-ZIP	COLUMBUS, GA 32569	SAME →
TITLE	VICE-PRESIDENT	<input type="checkbox"/> Delete
NAME	KATHRYN WALLIS	
STREET ADDRESS	17757 FRONT BEACH ROAD	→
CITY-ST-ZIP	PANAMA CITY BEACH, FL 32413	
TITLE	DIRECTOR	<input type="checkbox"/> Delete
NAME	JAMES JOHNSON	
STREET ADDRESS	2208 GRAY STONE DRIVE	→
CITY-ST-ZIP	JOULET, IL 60431	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	SEC/TREASURER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ROY SIGGEL	
STREET ADDRESS	120 PROVIDENCE LAKE POINT	
CITY-ST-ZIP	ALPHARETTA, GA 30004	
TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MAUREEN SMITH	
STREET ADDRESS	3801 TYNERMOORE WALK	
CITY-ST-ZIP	SMYRNA, GA 30080	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Tommy DAVIS	
STREET ADDRESS	P.O. BOX 7787	
CITY-ST-ZIP	COLUMBUS, GA 32569	
TITLE	VICE PRESIDENT	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KATHRYN WALLIS	
STREET ADDRESS	17757 FRONT BEACH ROAD	
CITY-ST-ZIP	PANAMA CITY BEACH, FL 32413	
TITLE	DIRECTOR	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JAMES JOHNSON	
STREET ADDRESS	2208 GRAY STONE DRIVE	
CITY-ST-ZIP	JOULET, IL 60431	

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: Debbie L. Paul DEBBIE L. PAUL 3/20/06 850-236-1965