

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000005554

FILED  
Apr 28, 2005  
Secretary of State

Entity Name: APALACHICOLA BAY COLONY HOMEOWNERS' ASSOCIATION, INC.

**Current Principal Place of Business:**

20 AVENUE D  
SUITE 206  
APALACHICOLA, FL 32320

**New Principal Place of Business:**

1914 SUNSET DR.  
ST GEORGE ISLAND, FL 32328

**Current Mailing Address:**

20 AVENUE D  
SUITE 206  
APALACHICOLA, FL 32320

**New Mailing Address:**

P.O. BOX 876  
EASTPOINT, FL 32328

FEI Number: 73-1707737

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

GALLOWAY, HEATH  
20 AVENUE D  
SUITE 206  
APALACHICOLA, FL 32320 US

**Name and Address of New Registered Agent:**

GLEASMAN, WAYNE  
P.O. BOX 876  
EASTPOINT, FL 32328 US

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.

SIGNATURE: WAYNE M. GLEASMAN

04/28/2005

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P/D ( ) Delete  
Name: GALLOWAY, HEATH  
Address: 20 AVENUE D, SUITE 206  
City-St-Zip: APALACHICOLA, FL 32320

Title: VP/D ( ) Delete  
Name: GILBERT, SAM  
Address: 224 FRANKLIN BOULEVARD  
City-St-Zip: ST. GEORGE ISLAND, FL 32328

Title: S/T ( ) Delete  
Name: SCOTT, CATHERINE  
Address: 20 AVENUE D, SUITE 206  
City-St-Zip: APALACHICOLA, FL 32320

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P/D (X) Change ( ) Addition  
Name: DATRY, ERIC  
Address: 129 WILTON DR.  
City-St-Zip: DECATUR, GA 30030

Title: VP/D (X) Change ( ) Addition  
Name: GILBERT, SAM  
Address: 224 FRANKLIN BLVD.  
City-St-Zip: ST. GEORGE ISLAND, FL 32328

Title: S/T (X) Change ( ) Addition  
Name: GLEASMAN, WAYNE  
Address: P.O. BOX 876  
City-St-Zip: EASTPOINT, FL 32328

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WAYNE M. GLEASMAN

S/T

04/28/2005

Electronic Signature of Signing Officer or Director

Date