

**2005 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**DOCUMENT # N04000009527**

1. Entity Name  
**CORAL BAY VILLAGE AT DOWNING STREET OWNERS' ASSOCIATION, INC.**



Principal Place of Business  
**4039 E. CO. HWY 30-A  
SEAGROVE BEACH, FL 32459**

Mailing Address  
**4039 E. CO. HWY 30-A  
SEAGROVE BEACH, FL 32459**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04112005 Chg-NP CR2E037 (10/03)

4. FEI Number

**20-1736694**

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

Name \_\_\_\_\_  
Street Address (P.O. Box Number is Not Acceptable)  
City \_\_\_\_\_ Zip Code **FL**

B. 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 renewing)

DATE \_\_\_\_\_

**Filing Fee is \$81.25  
Due by May 1, 2005**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD**  
NAME **SHEPPARD, ALLEN R JR**  
STREET ADDRESS **5304 SUNSET AVE**  
CITY-ST-ZIP **PANAMA CITY BEACH, FL 32406**

Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Change  Addition

TITLE **VD**  
NAME **SHEPPARD, KAREN**  
STREET ADDRESS **5304 SUNSET AVE**  
CITY-ST-ZIP **PANAMA CITY BEACH, FL 32408**

Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Change  Addition

TITLE **STD**  
NAME **SMITH, WILLIAM H**  
STREET ADDRESS **4039 E. CO. HWY 30-A**  
CITY-ST-ZIP **SEAGROVE BEACH, FL 32459**

Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Change  Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Change  Addition

TITLE  
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STREET ADDRESS  
CITY-ST-ZIP

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STREET ADDRESS  
CITY-ST-ZIP

Change  Addition

TITLE  
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STREET ADDRESS  
CITY-ST-ZIP

Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Change  Addition

12. I hereby certify that the information supplied with this filing does not qualify 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 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: *Janie Kennedy*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*4/10/05*

*(7)984-7108*

Daytime Phone #

**FILED  
Jul 05, 2005 8:00 am  
Secretary of State**

04-15-2005 90090 009 \*\*\*\*61.25