
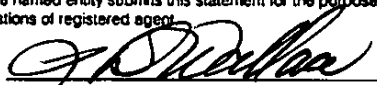
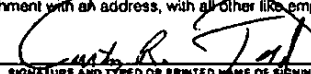


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

4/

FILED
Jun 08, 2006 8:00 am
Secretary of State

04-28-2006 90149 020 ****61.25

| | | | | | |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------|
| DOCUMENT # N04000010201 1. Entity Name ANDALUSIA BAY OWNERS ASSOCIATION, INC. | | | |  | |
| Principal Place of Business 237 9TH AVENUE JACKSONVILLE BEACH, FL 32250 | | | | Mailing Address 237 9TH AVENUE JACKSONVILLE BEACH, FL 32250 | |
| 2. Principal Place of Business 920 Third Street Suite, Apt. #, etc. Suite B City & State Neptune Beach, FL Zip 32266 | | 3. Mailing Address 920 Third Street Suite, Apt. #, etc. Suite B City & State Neptune Beach, FL Zip 32266 | | 03232006 Chg-NP CR2E037 (11/05) | |
| 4. FEI Number 75-3176426 | | | | Applied For <input type="checkbox"/> Not Applicable | |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | | | | 6. Name and Address of Current Registered Agent CRABTREE, R.R. 8777 SAN JOSE BOULEVARD BUILDING A, SUITE 200 JACKSONVILLE, FL 32217 | |
| 7. Name and Address of New Registered Agent Name Wallace, L. Denise Street Address (P.O. Box Number is Not Acceptable) 920 Third Street STE B City Neptune Beach | | | | FL Zip Code 32266 | |
| 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  (NOTE: Registered Agent signature required when reinstating) DATE | | | | | |
| Filing Fee is \$61.25 Due by May 1, 2006 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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 NAME STREET ADDRESS CITY-ST-ZIP | PD FORD, CURTIS R 237 9TH AVENUE JACKSONVILLE BEACH, FL 32250 | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD Ford, Curtis R 237 9th Avenue North Jacksonville Beach FL 32250 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VD DOERR, STEVE 237 9TH AVENUE JACKSONVILLE BEACH, FL 32250 | <input checked="" type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | STD Ford, Darnelle P. 237 9th Avenue North Jacksonville Beach, FL 32250 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | STD DOERR, DIANA 237 9TH AVENUE JACKSONVILLE BEACH, FL 32250 | <input checked="" type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | TITLE NAME STREET ADDRESS CITY-ST-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 Chapter 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 817, 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:  2/28/06 242-0666 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | | | | |

66010100

