## 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N04000010372

FILED Apr 27, 2006 Secretary of State

Entity Name: CHARDONNAY ESTATES OWNERS ASSOCIATION, INC.

**Current Principal Place of Business:** New Principal Place of Business: 34990 EMERALD COAST PARKWAY 4400 HWY 20 E SUITE 401 SUITE 313 DESTIN, FL 32541 NICEVILLE, FL 32578 **Current Mailing Address:** New Mailing Address: 34990 EMERALD COAST PARKWAY PO BOX 5263 SUITE 401 NICEVILLE, FL 32578 DESTIN, FL 32541 FEI Number: 20-3196760 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: VIOLETTE, MARK A LANDSBERGER, DARLANE 34990 EMÉRALD COAST PARKWAY 4400 HWY 20 E SUITE 403 SUITE 313 NICEVILLE, FL 32578 US DESTIN, FL 32541 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: DARLANE LANDSBERGER 04/27/2006 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: (X) Change ( ) Addition () Delete KRUSE, CRAIG J LUNDQUIST, JAN S Name: Name: 34990 EMERALD COAST PARKWAY Address: 1067 NAPA WAY Address: City-St-Zip: DESTIN, FL 32541 City-St-Zip: NICEVILLE, FL 32578 Title: () Delete Title: (X) Change ( ) Addition CARLINO, BETTINA Name: AMMON, MEG Name: Address: 34990 EMERALD COAST PARKWAY Address: 1039 NAPA WAY City-St-Zip: DESTIN, FL 32541 City-St-Zip: NICEVILLE, FL 32578 Title: () Delete Title: SD (X) Change ( ) Addition VIOLETTE, MARK Name: SUAREZ, MARLENE Name: 34990 EMERALD COAST PARKWAY 1014 NAPA WAY Address: Address: City-St-Zip: DESTIN, FL 32541 City-St-Zip: NICEVILLE, FL 32578 Title: () Delete Title: TD ( ) Change (X) Addition ORMSBEE, JOHN Name: Name: 1038 NAPA WAY Address: Address: City-St-Zip: City-St-Zip: NICEVILLE, FL 32578 Title: () Delete Title: ( ) Change (X) Addition LEACH, MICHAEL Name: Name: 1018 NAPA WAY Address: Address: NICEVILLE, FL 32578 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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: JAN STEVE LUNDQUIST PD 04/27/2006