2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000011687

FILED Jan 12, 2006 Secretary of State

Entity Name: WETAPPO PRESERVE OWNER'S ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

 206 E. 4TH STREET
 116 SAILORS COVE DRIVE

 PORT ST. JOE, FL 32456
 PORT ST. JOE, FL 32456

Current Mailing Address: New Mailing Address:

 206 E. 4TH STREET
 116 SAILORS COVE DRIVE

 PORT ST. JOE, FL 32456
 PORT ST. JOE, FL 32456

FEI Number: FEI Number Applied For (X) FEI Number Not Applicable () Certificate of Status Desired ()

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

GROOM, PAUL W II
206 E. 4TH STREET
PORT ST. JOE, FL 32456 US
GROOM, PAUL W II
116 SAILORS COVE DRIVE
PORT ST. JOE, FL 32456 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: PAUL W. GROOM II 01/12/2006

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

 Title:
 D
 () Delete
 Title:
 D
 (X) Change () Addition

 Name:
 GIBSON, THOMAS S
 Name:
 GIBSON, THOMAS S

 Address:
 206 E. 4TH STREET
 Address:
 116 SAILORS COVE DRIVE

 City-St-Zip:
 PORT ST. JOE, FL 32456
 City-St-Zip:
 PORT ST. JOE, FL 32456

 Title:
 D
 () Delete
 Title:
 D
 (X) Change () Addition

 Name:
 RISH, WILLIAM J JR.
 Name:
 RISH, WILLIAM J JR.

Address: 206 E. 4TH STREET Address: 116 SAILORS COVE DRIVE
City-St-Zip: PORT ST. JOE, FL 32456 City-St-Zip: PORT ST. JOE, FL 32456

 $\label{eq:title:D} {\sf Title:} \qquad {\sf D} \qquad {\sf () Delete} \qquad \qquad {\sf Title:} \qquad {\sf D} \qquad {\sf (X) Change () Addition}$

 Name:
 FAISON, BRENT
 Name:
 FAISON, BRENT

 Address:
 206 E. 4TH STREET
 Address:
 116 SAILORS COVE DRIVE

 City-St-Zip:
 PORT ST. JOE, FL 32456
 City-St-Zip:
 PORT ST. JOE, FL 32456

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: THOMAS S. GIBSON D 01/12/2006