2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000011699

648 WOMBLE ROAD

City-St-Zip: BLAKELY, GA 39823

Address:

FILED Sep 06, 2006 Secretary of State

Entity Nan	1e: VILLAS OF PANAMA	OWNERS' ASSOCIATION,	INC.		
Current Principal Place of Business:			New Principal Place of Business:		
7825 BEAC PANAMA C	CH DRIVE CITY BEACH, FL 32408	US			
Current Mailing Address:			New Mailing Address:		
P.O. BOX 1 PANAMA C	9885 SITY BEACH, FL 32417	US			
FEI Number: 20-2230970 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Name and Address of Current Registered Agent: Name and Address of New Registered Agent:					
GIOIELLO, JOHN L 404 JENKS AVE PANAMA CITY, FL 32401 US			HESS, BRIAN D 9108 FRONT BEACH RD. PANAMA CITY BEACH, FL 32407 US		
The above in the State		statement for the purpose o	f changing it	ts registered office or registered agent, or both,	
SIGNATUR	E: BRIAN D. HESS			09/06/2006	
	Electronic Signature	e of Registered Agent		Date	
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	PD () Delete TURNER, RON 7825 BEACH DRIVE PANAMA CITY BEACH, FL 3	2408	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	VPD () Delete WILLIAMS, MIKE 110 REDBUD LANE GREENVILLE, AL 36037 US		Title: Name: Address: City-St-Zip:	VPD (X) Change () Addition WILLIAMS, MIKE 7826 THOMAS DR. PANAMA CITY BEACH, FL 32408 US	
Title: Name:	STD () Delete DAVIS, JO S		Title: Name:	() Change () Addition	

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.

Address:

City-St-Zip:

SIGNATURE: RONALD M. TURNER PRES 09/06/2006