


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

DOCUMENT # N04766	
1. Entity Name CANAL PLACE PHASE II CONDOMINIUM ASSOCIATION, INC.	

Principal Place of Business 445 GULF SHORE DRIVE DESTIN, FL 32541 US	Mailing Address P.O. BOX 5077 DESTIN, FL 32540-5077
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01192005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number NOT APPLICABLE	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

COFFIELD, COLLEEN P
1719 S COUNTY HWY 393
127 HIGHWAY 98 EAST., 3A
32459 ROSA BEACH, FL 32541

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reappointing)

**Filing Fee is \$61.25
Due by May 1, 2005**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

100000191225
01/24/05-80164-024 61.25

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KOCHERA, SHARON 4161 LOIRE DRIVE KENNER, LA 70065
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P REINERTH, CHARLES 681 PETIT BERDOT KENNER, LA 70065
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V WINDES, EVAN 445 GULF SHORE #101 DESTIN, FL 32541
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST KOCHERA, JOHN 4161 LOIRE DRIVE KENNER, LA 70065
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WARDWELL, DEBBIE 445 GULF SHORE #108 DESTIN, FL 32541
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: John Kochera Secy-Treas 1/19/05 504-382-5262
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #