2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04766

FILED Jaņ 1<u>2, 2</u>006 Secretary of State

Entity Name: CANAL PLACE PHASE II CONDOMINIUM ASSOCIATION, INC.

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

445 GULF SHORE DRIVE DESTIN, FL 32541

Current Mailing Address: New Mailing Address:

P.O. BOX 5077 DESTIN, FL 325405077

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

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

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

OFFICERS AND DIRECTORS:

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:

Date

Electronic Signature of Registered Agent

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

() Delete (X) Change () Addition KOCHERA, SHARON RAZOR, RICK VP Name: Name:

4161 LOIRE DRIVE Address: 284 CORINTHIAN PLACE Address: City-St-Zip: KENNER, LA 70065 City-St-Zip: DESTIN,, FL 32541

Title: () Delete Title: (X) Change () Addition Name: REINERTH, CHARLES Name: REINERTH, CHARLES

Address: 661 PETIT BERDOT Address: 661 PETIT BERDOT City-St-Zip: KENNER, LA 70065 City-St-Zip: KENNER, LA 70065

Title: () Delete Title: (X) Change () Addition WINDES, EVAN WINDES, EVAN Name: Name:

445 GULF SHORE #101 445 GULF SHORE #101 Address: Address: City-St-Zip: DESTIN, FL 32541 City-St-Zip: DESTIN, FL 32541

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

Name: KOCHERA, JOHN Name: WINDES, TAYLOR D 4161 LOIRE DRIVE 445 GULF SHORE DR Address: Address: City-St-Zip: KENNER, LA 70065 City-St-Zip: DESTIN, FL 32541

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

WARDWELL, DEBBIE BLOOMFIELD, CHRIS D Name: Name: 4820 BONAIRE CAY 445 GULF SHORE #108 Address: Address: DESTIN, FL 32541 City-St-Zip: DESTIN, FL 32541 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: CHARLES REINERTH S/T 01/12/2006