## 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

## FILED Mar 15, 2006 8:00 am Secretary of State

| 1. Entity Name RILEY'S BAYVIEW OWNERS ASSOCIATION, INC.                 |                                                                                                                                                                             |                                                |                                       |                                                    | 03                             | 3-01-2006 9              | 0037 04                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 9 ****61.                    | .25                         |
|-------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------|---------------------------------------|----------------------------------------------------|--------------------------------|--------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|-----------------------------|
| Principal Place of Business                                             |                                                                                                                                                                             | Mailing Address                                |                                       |                                                    |                                |                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                              |                             |
| PO BOX 1741<br>SANTA ROSA BEACH FL 32459<br>US                          |                                                                                                                                                                             | PO BOX 1741<br>SANTA ROSA BEACH FL 32459<br>US |                                       |                                                    |                                |                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                              |                             |
| 2. Principal Place of Business                                          |                                                                                                                                                                             | 3. Mailing Address                             |                                       |                                                    |                                | n maint mart marti 18tit | tèm étm étif                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | ) (#D) <b>6</b> 1#6 42(6) (1 | HERT OF 1881                |
| Suite, Apt. #, etc.                                                     |                                                                                                                                                                             | Suite, Apt. #, etc.                            |                                       | 1st MOORE CR2E037 (10/05)                          |                                |                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                              |                             |
| City & State                                                            |                                                                                                                                                                             | City & State                                   |                                       |                                                    | 4. FEI Number                  |                          | <del></del>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | V-1                          | pplied For<br>ot Applicable |
| Žip                                                                     | Country                                                                                                                                                                     | Zíp                                            | Cour                                  |                                                    | 5. Certificate of S            | Status Desired           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | \$8.75 Add                   | ditional                    |
|                                                                         | 6. Name and Address of Current                                                                                                                                              | Registered Agent                               | ]                                     |                                                    | 7. Name and Ad                 | dress of New R           | egistered                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Agent                        |                             |
| ••                                                                      |                                                                                                                                                                             |                                                |                                       | Name                                               |                                |                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                              |                             |
| MCNEESE, RICHARD 36468 EMERALD COAST PARKWAY SUITE 1201 DESTIN FL 32541 |                                                                                                                                                                             |                                                |                                       | Street Address (P.O. Box Number is Not Acceptable) |                                |                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                              |                             |
|                                                                         |                                                                                                                                                                             |                                                |                                       |                                                    |                                |                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                              |                             |
|                                                                         |                                                                                                                                                                             |                                                | ĺ                                     | City                                               |                                |                          | FL                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Zip Cod                      | æ                           |
| 8. The above<br>the obligat                                             | named entity submits this statement for<br>ions of registered agent.                                                                                                        | or the purpose of changing its                 | registere                             | ed office or registe                               | ered agent, or both, it        | n the State of Flo       | rida. I am                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | familiar with,               | and accept                  |
| SIGNATURE .                                                             | Signature, typed or printed riarite of registered agent                                                                                                                     | and title if applicable (NOTE                  | : Pagisiwa:                           | 5 Agent signature require                          | ed when reinstating)           |                          | DATE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                              |                             |
|                                                                         |                                                                                                                                                                             |                                                |                                       |                                                    |                                | anusch sein              | TO THE PARTY OF TH | DEVOTES LE                   | en more and                 |
|                                                                         | FILE NOW: FEE IS \$61.25                                                                                                                                                    | 9. Election Carr<br>Trust Fund C               |                                       |                                                    | \$5.00 May Be<br>Added to Fees | Floric                   | la Depar                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | k Payable<br>tment of S      | State ( 14                  |
| 10. OFFICERS AND DIRECTORS 11.                                          |                                                                                                                                                                             |                                                |                                       |                                                    | ADDITIONS IS ISSUED            |                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                              |                             |
| TITLE                                                                   | OFFICERS AND DIRECTORS 11.                                                                                                                                                  |                                                |                                       |                                                    |                                |                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                              |                             |
| NAME                                                                    | RICCI, NORMAN L JR.                                                                                                                                                         | C Ocica                                        | NAME                                  |                                                    |                                |                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | C Andr                       |                             |
| STREET ADDRESS                                                          | PO BOX 1741                                                                                                                                                                 |                                                |                                       | et alidress                                        |                                |                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                              | \                           |
| CITY-ST-ZIP                                                             | SANTA ROSA BEACH FL 32459                                                                                                                                                   |                                                | CITY-                                 | ST-ZIP                                             |                                | <del></del>              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                              |                             |
| TITLE                                                                   | SEC<br>RICCI, NORMAN L JR.                                                                                                                                                  | ☐ Delete                                       | TOTLE                                 |                                                    |                                |                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Change                       | Addition (                  |
| NAME<br>STREET ADDRESS                                                  | PO BOX 1741                                                                                                                                                                 |                                                | NAME                                  | TI ADDRESS                                         |                                |                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                              |                             |
| CITY-ST-ZIP                                                             | SANTA ROSA BEACH FL 32459                                                                                                                                                   |                                                | 1                                     | ST-ZIP                                             |                                | _                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                              | ļ                           |
| TITLE                                                                   |                                                                                                                                                                             | ☐ Delete                                       | TITLE                                 |                                                    |                                |                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | ☐ Change                     | Addition                    |
| NAME                                                                    |                                                                                                                                                                             |                                                | NAME                                  | 1                                                  |                                |                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                              | i                           |
| STREET ADDRESS                                                          |                                                                                                                                                                             |                                                |                                       | ET ADORESS<br>ST-ZIP                               |                                |                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                              |                             |
| TITLE                                                                   |                                                                                                                                                                             | Delete                                         | title                                 | <del></del>                                        |                                |                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | ☐ Change                     | Addition                    |
| NAME                                                                    |                                                                                                                                                                             |                                                | NAME                                  | i                                                  |                                |                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                              | CJ ADDINION                 |
| STREET ADDRESS                                                          |                                                                                                                                                                             |                                                | STREE                                 | ET ADORESS                                         |                                |                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                              |                             |
| CITY-ST-ZIP                                                             |                                                                                                                                                                             |                                                | CITY-                                 | ST- ZIP                                            |                                |                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <del></del>                  |                             |
| TITLE<br>NAME                                                           |                                                                                                                                                                             | ☐ Delete                                       | TITLE                                 |                                                    |                                |                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Change                       | Addition                    |
| STREET ADDRESS                                                          |                                                                                                                                                                             |                                                |                                       | T ADDRESS                                          |                                |                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                              | ]                           |
| CITY-ST-ZIP                                                             |                                                                                                                                                                             |                                                | •                                     | ST-ZIP                                             |                                |                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                              | ţ                           |
| TITLE                                                                   |                                                                                                                                                                             | ☐ Defete                                       | TITLE                                 | - 1                                                |                                |                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Change                       | Addition                    |
| KAME                                                                    |                                                                                                                                                                             |                                                | NAME                                  |                                                    |                                |                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                              | ļ                           |
| STREET ADDRESS<br>CITY+ST-ZIP                                           |                                                                                                                                                                             |                                                | 1                                     | T ADORESS<br>ST-ZIP                                |                                |                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                              |                             |
|                                                                         | certify that the information supplied will                                                                                                                                  | th this filing dade not publish to             | · · · · · · · · · · · · · · · · · · · |                                                    | en in Section 110 G            | nrida Standor I          | hutber cor                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | illy that the i-             | ntormation                  |
| indicated                                                               | tenting that the information supplied with<br>i on this report or suppliemental report in<br>portation or the record of trystee emited, or on an attachment with an address | s true and acquirate and that m                | ny sionat                             | ure shall have the                                 | same legal effect as           | il made under d          | ath: that i                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | am an officer                | or director                 |

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNADIG OFFICER OR DIRECTOR



## FLORIDA DEPARTMENT OF STATE **Division of Corporations**

March 3, 2006

RILEY"S BAYVIEW OWNERS ASSOCIATION, INC. PO BOX 1741 SANTA ROSA BEACH, FL 32459 US

Subject: RILEY'S BAYVIEW OWNERS ASSOCIATION, INC.

Reference Number: N05000003598

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$61.25; however, the report has not been filed and a copy is being returned for the following correction(s):

Please complete Block 4 by entering your Federal Employer Identification (FEI) number or by checking the appropriate box. If "APPLIED FOR" is preprinted in Block 4, you MUST now provide the FEI number. A Social Security number is not considered to be the same as the FEI number. For FEI number assistance, call the IRS at (800) 829-1040.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at 850-245-6056 and press 4. Your call will be answered in the order it is received.

/RM ANNUAL REPORTS SECTION