2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 12, 2006
Secretary of State

DOCUMENT# N05000004826

Entity Name: VILLA DEL SOL AT CAPE SAN BLAS HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

206 E. FOURTH STREET
PORT ST JOE, FL 32456

New Principal Place of Business:

116 SAILORS COVE DRIVE
PORT ST JOE, FL 32456

Current Mailing Address:

206 E. FOURTH STREET
PORT ST JOE, FL 32456

New Mailing Address:

116 SAILORS COVE DRIVE
PORT ST JOE, FL 32456

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

Name and Address of Current Registered Agent:

GIBSON, THOMAS S
206 E. FOURTH STREET
PORT ST JOE, FL 32456 US

Name and Address of New Registered Agent:

GIBSON, THOMAS S
116 SAILORS COVE DRIVE
PORT ST JOE, FL 32456 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: THOMAS S. GIBSON 01/12/2006
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: ORR, WAYNE F
Address: 8215 ROSWELL ROAD BUILDING 300
City-St-Zip: ATLANTA, GA 30350

Title: D ( ) Delete
Name: HOOD, CLINT
Address: 171 HIGHWAY 98, SUITE D
City-St-Zip: EASTPOINT, FL 32328

Title: D ( ) Delete
Name: ASHLEY, ROY
Address: 3715 NORTHSIDE PKWY. 100 NORTHCRREK #102
City-St-Zip: ATLANTA, GA 30327

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WAYNE F. ORR D 01/12/2006
Electronic Signature of Signing Officer or Director Date