

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000006020

FILED  
Apr 25, 2006  
Secretary of State

**Entity Name:** EAST BAY PLANTATION OF BAY COUNTY HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

252 MARINA DR  
PORT ST JOE, FL 32456

**New Principal Place of Business:**

209 7TH STREET  
PORT ST JOE, FL 32456

**Current Mailing Address:**

252 MARINA DR  
PORT ST JOE, FL 32456

**New Mailing Address:**

209 7TH STREET  
PORT ST JOE, FL 32456

**FEI Number:** 20-4202437

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

GROOM, PAUL W II  
206 E FOURTH STREET  
PORT ST JOE, FL 32456 US

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

GROOM, PAUL W II  
116 SAILORS COVE DR  
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:

04/25/2006

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: RISH, RALPH P  
Address: 450 BLAKE DR  
City-St-Zip: WEWAHITCHKA, FL 32465

Title: D ( ) Delete  
Name: RISH, WILLIAM J JR  
Address: 214 GAUTIER MEMORIAL LANE  
City-St-Zip: PORT ST JOE, FL 32456

Title: D ( ) Delete  
Name: FAISON, GREGORY B  
Address: 433 BUNKERS COVE RD  
City-St-Zip: PANAMA CITY, FL 32401

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: DST (X) Change ( ) Addition  
Name: RISH, RALPH P  
Address: 450 BLAKE DR  
City-St-Zip: WEWAHITCHKA, FL 32465

Title: DP (X) Change ( ) Addition  
Name: RISH, WILLIAM J JR  
Address: 214 GAUTIER MEMORIAL LANE  
City-St-Zip: PORT ST JOE, FL 32456

Title: DV (X) Change ( ) Addition  
Name: FAISON, GREGORY B  
Address: 433 BUNKERS COVE RD  
City-St-Zip: PANAMA CITY, FL 32401

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: WILLIAM J RISH, JR

DP

04/25/2006

Electronic Signature of Signing Officer or Director

Date