

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 30, 2006 08:00 AM
Secretary of State

DOCUMENT # N05708

1. Entity Name
LANDWARD TOWNHOME OWNERS ASSOCIATION, INC.



Principal Place of Business
**8623 N LAGOON DRIVE
C-2
PANAMA CITY, FL 32408 US**

Mailing Address
**8623 N LAGOON DRIVE
C-2
PANAMA CITY, FL 32408 US**



01202006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2782800

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**PERKINS, DAVID
8623 N LAGOON DRIVE
C-2
PANAMA CITY, FL 32408**

**DO NOT WRITE
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent

SIGNATURE

[Signature]

David Perkins (President)

01-20-06

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution.

☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE PD
NAME PERKINS, DAVID
STREET ADDRESS 8623 N. LAGOON DRIVE, C-2
CITY-ST-ZIP PANAMA CITY, FL 32408

TITLE D
NAME CURTIS, JOE
STREET ADDRESS 8623 N. LAGOON DRIVE, D-1
CITY-ST-ZIP PANAMA CITY, FL 32408

TITLE VPD
NAME BELCHER, PAUL
STREET ADDRESS 8623 N. LAGOON DRIVE, B-7
CITY-ST-ZIP PANAMA CITY BEACH, FL 32408

TITLE TD
NAME WAREING, GERALD
STREET ADDRESS 8323 N. LAGOON DRIVE, C-1
CITY-ST-ZIP PANAMA CITY, FL 32408

TITLE SD
NAME RHODES, PEGGY
STREET ADDRESS 8623 N. LAGOON DRIVE, D-3
CITY-ST-ZIP PANAMA CITY, FL 32408

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U00000406922
02/07/06-80110-017 61.25

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

David Perkins

01-20-06 8502308198

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Paid 1/27/06 for