

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Apr 26, 2007
Secretary of State**

DOCUMENT# N06000002139

Entity Name: CESSNA VILLAGE HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

1660 NORTH COUNTY HWY 393
SANTA ROSA BEACH, FL 32459

New Principal Place of Business:

Current Mailing Address:

1660 NORTH COUNTY HWY 393
SANTA ROSA BEACH, FL 32459

New Mailing Address:

P O BOX 1655
SANTA ROSA BEACH, FL 32459

FEI Number: 20-4813020

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BLUE, ROB JR.
221 MCKENZIE AVENUE
PANAMA CITY, FL 32401 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: DEAL, BOB
Address: 1660 NORTH COUNTY HWY 393
City-St-Zip: SANTA ROSA BEACH, FL 32459

Title: VD () Delete
Name: SHIPPER, IRIS
Address: 1660 NORTH COUNTY HWY 393
City-St-Zip: SANTA ROSA BEACH, FL 32459

Title: STD () Delete
Name: CHRISTENSEN, JENNIFER
Address: 1660 NORTH COUNTY HWY 393
City-St-Zip: SANTA ROSA BEACH, FL 32459

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VD (X) Change () Addition
Name: SCHIPPER, IRIS R
Address: 1660 NORTH COUNTY HWY 393
City-St-Zip: SANTA ROSA BEACH, FL 32459

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

I hereby certify that the information supplied with this filing does not qualify 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: BOB DEAL

PD

04/26/2007

Electronic Signature of Signing Officer or Director

Date