

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED


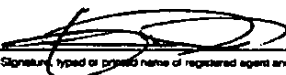

3 Mar 22, 2007 8:00 am
Secretary of State

03-12-2007 90371 012 ****61.25

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03092007 Chg-NP CR2E037 (12/06)

DOCUMENT # N06000005196					
1. Entity Name VILLAS DE SAN SOUCI HOMEOWNERS ASSOCIATION, INC.					
Principal Place of Business 2020 WATKINS AVE PANAMA CITY BCH, FL 32407			Mailing Address 2020 WATKINS AVE PANAMA CITY BCH, FL 32407		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. EEI Number 20-8679475	
				Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BISHOP, JOE 2020 WATKINS AVE PANAMA CITY BCH, FL 32407			7. Name and Address of New Registered Agent Name: Joseph Bishop Street Address (P.O. Box Number is Not Acceptable) 2020 Watkins Ave. City: Panama City FL Zip Code: 32407		
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: 			DATE: 03/09/07		
Filing Fee is \$61.25 Due by May 1, 2007			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition	
		President Joseph Bishop 2020 Watkins Ave. Panama City, FL 32407			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition	
		Vice President Wayne Middleton 2020 Watkins Ave. Panama City, FL 32407			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption 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 817, 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: 			DATE: 03/09/07 850.236.7000		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					