
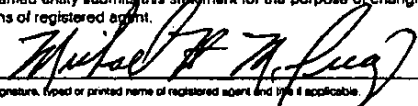



2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 22, 2007 8:00 am
Secretary of State

05-02-2007 90104 011 ****61.25

DOCUMENT # N06000006692					
1. Entity Name PALM BEACH WATER VIEW HOMES OWNERS' ASSOCIATION INC.					
Principal Place of Business P. O. BOX 15819 PANAMA CITY, FL 32406			Mailing Address P. O. BOX 15819 PANAMA CITY, FL 32406		
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
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
MCQUAIG, MICHAEL 2405 RUTH HENTZ DRIVE PANAMA CITY, FL 32406				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	
				Zip Code	
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:  <small>Signature, typed or printed name of registered agent and 1% if applicable. (NOTE: Registered Agent signature required when renouncing) DATE</small>					
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	D	<input type="checkbox"/> Delete		TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCQUAIG, MICHAEL			NAME	McQuaig Michael
STREET ADDRESS	2405 RUTH HENTZ DRIVE			STREET ADDRESS	2604 Shadow Ridge Court
CITY-ST-ZIP	PANAMA CITY, FL 32405			CITY-ST-ZIP	Lynn Haven, FL 32444
TITLE	D	<input type="checkbox"/> Delete		TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCQUAIG, CYNTHIA			NAME	McQuaig, Cynthia
STREET ADDRESS	2405 RUTH HENTZ DRIVE			STREET ADDRESS	2604 Shadow Ridge Court
CITY-ST-ZIP	PANAMA CITY, FL 32405			CITY-ST-ZIP	Lynn Haven, FL 32444
TITLE	D	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BALL, CLARENCE G JR.			NAME	
STREET ADDRESS	1800 MARYLAND AVE.			STREET ADDRESS	
CITY-ST-ZIP	LYNN HAVEN, FL 32444			CITY-ST-ZIP	
TITLE		<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY-ST-ZIP				CITY-ST-ZIP	
TITLE		<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY-ST-ZIP				CITY-ST-ZIP	
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: 				Date: 4-30-07	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				<small>Date</small>	