
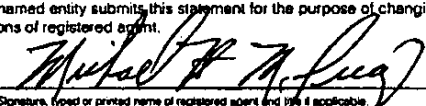
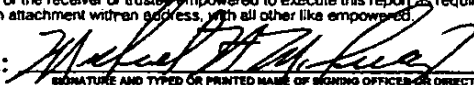


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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 [REDACTED]	
		Street Address (P.O. Box Number is Not Acceptable) [REDACTED]	
		City [REDACTED] FL Zip Code [REDACTED]	
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	
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	D MCQUAIG, MICHAEL 2405 RUTH HENTZ DRIVE PANAMA CITY, FL 32406 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	McQuaig Michael <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2604 Shadow Ridge Court Lynn Haven, FL 32444
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCQUAIG, CYNTHIA 2405 RUTH HENTZ DRIVE PANAMA CITY, FL 32405 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	McQuaig, Cynthia <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2604 Shadow Ridge Court Lynn Haven, FL 32444
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BALL, CLARENCE G JR. 1800 MARYLAND AVE. LYNN HAVEN, FL 32444 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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
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
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
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	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	