


**2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT (AR)**

**FILED**  
**Feb 26, 2008 8:00 am**  
**Secretary of State**

02-26-2008 90001 042 \*\*\*\*61.25

<b>DOCUMENT # N06000006692</b>			
1. Entity Name <b>PALM BEACH WATER VIEW HOMES OWNERS' ASSOCIATION INC.</b>			
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



1st MOORE CR2E037 (10/07)

4. FEI Number <b>20-8519165</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>			

6. Name and Address of Current Registered Agent <b>MCQUAIG, MICHAEL 2405 RUTH HENTZ DRIVE PANAMA CITY FL 32406</b>		7. Name and Address of New Registered Agent Name: <b>Michael McQuais</b> Street Address (P.O. Box Number is Not Acceptable): <b>2604 Shadow Ridge Court</b> City: <b>Lynn Haven</b> FL Zip Code: <b>32444</b>	
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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: Michael McQuais  
Signature, typed or printed name of registered agent and fee applicator. (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

<b>FILE NOW: FEE IS \$61.25 Due By May 1, 2008</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	<b>Make Check Payable to: Florida Department of State</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>MCQUAIG, MICHAEL</b> <b>2604 SHADOW RIDGE COURT</b> <b>LYNN HAVEN FL 32444</b> <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	<b>D</b> <b>MCQUAIG, CYNTHIA</b> <b>2604 SHADOW RIDGE COURT</b> <b>LYNN HAVEN FL 32444</b> <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	<b>D</b> <b>BALL, CLARENCE G JR.</b> <b>1600 MARYLAND AVE.</b> <b>LYNN HAVEN FL 32444</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 Section 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: Michael McQuais 2-1808