2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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FILED May 01, 2006 8:00 am Secretary of State

1. Entity Nam	MENT # N07230 DEL SOL HOMEOWNERS' /	ASSOCIATION	N, INC.)6 90 33 0 ()I6 ****	61.25
Principal Plac	ce of Business	Mailing Address	3	-	יטצַ	Almar	-		
_	C GULF DRIVE	C/O WILLA ME PO BOX 663	rriott realty	' INC.					
			2540 US		"				
	2707,1 12 32333	5251111,12 5							
2. Principal Place of Business 3. Ma		3. Mailing Addre	ailing Address						
Suite, Apt. #, etc.		Suite, Apt. #	, etc.	01232006	Chg-NP	CR2E037	7 (11/05)		
City & State C		City & State		4. FEI Number 59-27773	28			oplied For	
Zip	Country	Zip	Co	ountry	5. Certificate of S	Status Desired		8.75 Add	itional
	6. Name and Address of Current	Registered Agent	<u>l</u>		7. Name and Ad	dress of New			
MANIE A BAT	EDDIOT DEALTY INC			Name				_	
WILLA MERRIOT REALTY INC. 1021US HWY, 98 EST			Stree		ress (P.O. Box Number is Not Acceptable)				
DESTIN, I	FL: 32541	_		ļ		-			
				City			FL	Zip Cod	е
8. The above	e named entity submits this statement fo	r the purpose of cha	anging its registe	ered office or regi:	stered agent, or both, i	n the State of F		miliar with,	and accept
the obliga	tions of registered agent.								
0.00.47.400									
SIGNATURE	Signature, typed or printed name of registered agent	and title it applicable.	(NOTE Registe	red Agent signature req	uired when reinstating)		DATE		
SIGNATURE	Signature, typed or printed name of registered agent Filling Fee is \$61.25	9. Ele	(NOTE Registe ection Campaign ast Fund Contribu	Financing	\$5.00 May Be Added to Fees	4	DATE Make check orlda Departi		
• •	Signature, typed or printed name of registered agent Filling Fee is \$61.25 Due by May 1, 2006	9. Ele Tru	ection Campaign ast Fund Contribu	Financing ution.	\$5.00 May Be Added to Fees	Flo	Make check orlda Departi	ment of Si	tate _
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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 supplier ental 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 of the receiver or flustee 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 an attachment with an address, with all other like empowered.

CITY-ST-ZIP

SIGNATURE

WOODSTOCK, GA 30188

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #