

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N12448

FILED
Mar 09, 2006
Secretary of State

Entity Name: POMPAÑO PARK CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

189 ANTIQUA DRIVE
PORT ST. JOE, FL 32456

New Principal Place of Business:

Current Mailing Address:

964 LAUREL RIDGE RD.
CLEVELAND, GA 30528

New Mailing Address:

FEI Number: 58-2596394

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

COSTIN, CHARLES A
413 WILLIAMS AVENUE
PORT ST. JOE, FL 32456 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: COOK, ROGER
Address: 5125 HWY 91 N
City-St-Zip: DONALSONVILLE, GA 39845

Title: VD () Delete
Name: SMITH, DIANNE
Address: 51 JOHN INGRAM RD PO BOX 269
City-St-Zip: SILVER CREEK, GA 30173

Title: SD () Delete
Name: MAJORS, PAMELA
Address: 327 CANDLER PARK DR
City-St-Zip: ATLANTA, GA 30307

Title: TD () Delete
Name: SCHLANDT, EDYE B
Address: 964 LAUREL RIDGE RD.
City-St-Zip: CLEVELAND, GA 30528

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: SCHLANDT, EDYE B
Address: 964 LAUREL RIDGE RD.
City-St-Zip: CLEVELAND, GA 30528

Title: VD (X) Change () Addition
Name: O'NEAL, JAMES
Address: 3174 PEACHTREE DR.
City-St-Zip: ATLANTA, GA 30305

Title: SD (X) Change () Addition
Name: JOHNSON, JOHN
Address: W 4630 PINE CREEK DR.
City-St-Zip: ELKHORN, WI 53121

Title: TD (X) Change () Addition
Name: ALLEN, CYNTHIA
Address: 11275 NORTHWEST 15TH ST.
City-St-Zip: CORAL SPRINGS, FL 33071

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: EDYE B SCHLANDT

PD

03/09/2006

Electronic Signature of Signing Officer or Director

Date