

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT REINSTATEMENT**

DOCUMENT #N19254

1. Entity Name
COLDWATER CREEK OWNER'S ASSOCIATION, INC.



FILED

2006 NOV -9 PM 3:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

07112006 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-2884757	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

11-06-06

DATE

Filing Fee is \$61.25
Due by September 6, 2006

9. Election Campaign Financing
Trust Fund Contribution. \$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE DP
NAME SPEARS, MARSHAL G
STREET ADDRESS 1450 BIG COLDWATER CREEK RD
CITY-ST-ZIP MILTON, FL 32570

4000080922454
10/17/06--01040--010 **61.25

TITLE DV
NAME BUMGARNER, GARY W
STREET ADDRESS 105 BOEING ST
CITY-ST-ZIP PENSACOLA, FL 32507

4000080922454
11/15/06--01045--004 **175.00

TITLE DTS
NAME SPEARS, JENA D
STREET ADDRESS 1450 BIG COLDWATER CREEK ROAD
CITY-ST-ZIP MILTON, FL 32570

**DO NOT WRITE
IN THIS SPACE**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
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: *Jena D Spears*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-13-06 850-934-8025
Date Daytime Phone #

REINSTATEMENT *do*

11/15/06