


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 27, 2006 8:00 am**  
**Secretary of State**

02-27-2006 90094 009 \*\*\*\*70.00

<b>DOCUMENT # N24704</b>	
1. Entity Name <b>GABANA BEACH OWNERS ASSOCIATION, INC.</b>	

Principal Place of Business <b>%ROB BLUE, JR. 203 SHALIMAR ST PANAMA CITY BEACH FL 32413</b>	Mailing Address <b>%ROB BLUE, JR. P.O. DRAWER 9418 PANAMA CITY BEACH FL 32417</b>
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2. Principal Place of Business <b>220 Sundial Court</b>	3. Mailing Address <b>P.O. Drawer 9418</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

1st MOORE CR2E037 (10/05)

City & State <b>Panama City Bch</b>	City & State <b>Panama City Beach FL</b>
Zip <b>32413</b>	Zip <b>32417</b>
Country <b>USA</b>	Country <b>USA</b>

4. FEI Number <b>59-2877965</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
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6. Name and Address of Current Registered Agent <b>CHARLES M NOVOTA 203 SHALIMAR ST PANAMA CITY FL 32413</b>	
7. Name and Address of New Registered Agent Name <b>Charles M. Novota</b> Street Address (P.O. Box Number is Not Acceptable) <b>4146 SE JIB Lane</b> City <b>Stuart</b> FL Zip Code <b>34997</b>	


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 \_\_\_\_\_  
(NOTE: Registered Agent signature required when reinstating)

<b>FILE NOW: FEE IS \$61.25 Due By May 1, 2006</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>	<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	PD NOVOTA, CHARLES M. 220 SUNDIAL COURT PANAMA CITY BEACH FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD NOVOTA, CHARLES M. 4146 SE JIB Lane Stuart FL 34997 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WHITAKER, DEBORAH C. 2002 GERALD LANE LYNN HAVEN FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Whitaker, Deborah C. 6936 Hiram's Road Panama City FL 32409 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NOVOTA, JOANIE 220 SUNDIAL COURT PANAMA CITY BEACH FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Joanie Novota 4146 SE JIB Lane Stuart FL 34997 <input checked="" 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 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:**  **2-14-06**