## 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N25363

FILED May 02, 2006 Secretary of State

Entity Name: THE DOCKS ON OLD RIVER CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business: New Principal Place of Business:** 16310 PERDIDO KEY DRIVE PENSACOLA, FL 32507 **Current Mailing Address: New Mailing Address:** P.O. BOX 17949 PENSACOLA, FL 32522 FEI Number: 31-1245639 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Name and Address of Current Registered Agent: Name and Address of New Registered Agent: KLUG, DANIEL M 1015 PEARSON ROAD MILTON, FL 32583 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete (X) Change ( ) Addition **BOLLS, TERRY** BOLLS, TERRY Name: Name: 1429TIGER LAKE DR Address: 1429TIGER LAKE DR Address: City-St-Zip: GULF BREEZE, FL 32561 City-St-Zip: GULF BREEZE, FL 32561 Title: ( ) Delete Title: (X) Change ( ) Addition WILLIAMSON, ROBERT Name: SKIPPER, ERIC Name: Address: 970 COMMONWEALTH ROAD Address: 15724 BOWLEGS REEF City-St-Zip: PENSACOLA, FL 32504 City-St-Zip: PENSACOLA, FL 32507 Title: () Delete Title: VD (X) Change ( ) Addition BEDSOLE, KATHY HUNTER, SAM Name: Name: 4101 LAKELAND HILLS DR 2913 BRETT CIRCLE Address: Address: City-St-Zip: DOUGLASVILLE, GA 30134 City-St-Zip: ACWORTH, GA 30101 Title: ( ) Delete Title: () Change () Addition VAN MULLEM, FRANK Name: Name: 4 AUDUBON PLACE Address: Address: City-St-Zip: HAMMOND, LA 70401 City-St-Zip: Title: () Delete Title: () Change () Addition DANIEL, KLUG M Name: Name: 1015 PEARSON ROAD Address: Address: City-St-Zip: MILTON, FL 32583 City-St-Zip:

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: DANIEL M. KLUG TD 05/02/2006