


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2006 8:00 am
Secretary of State

04-18-2006 90086 039 ****61.25

DOCUMENT # N32446

1. Entity Name
THE GLADES OWNERS ASSOCIATION, INC.



Principal Place of Business
**THE GLADES OWNERS ASSN.
 140 GRAND HERON DRIVE
 PANAMA CITY, FL 32407 US**

Mailing Address
**P O BOX 9607
 PANAMA CITY BEACH, FL 32417 US**

50013336



2. Principal Place of Business
142 GRAND HERON DR.
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

03232006 Chg-NP CR2E037 (11/05)

City & State
PANAMA CITY BEACH, FL

City & State

Zip
32407

Country
USA

Zip Country

4. FEI Number
59-2965096

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**MCNITT, GEORGE
 140 GRAND HERON DRIVE
 PANAMA CITY BEACH, FL 32407**

7. Name and Address of New Registered Agent

Name **CORINNE COX**

Street Address (P.O. Box Number is Not Acceptable)
142 GRAND HERON DRIVE

City **PANAMA CITY BEACH, FL** Zip Code **32407**

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 *Corinne Cox* **CORINNE COX** **3/28/06**

Signature, typed or printed name of registered agent and the if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is \$61.25
Due by May 1, 2006

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

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WILLIAMS, RAY 151 GRAND HERON DRIVE PANAMA CITY BEACH, FL 32407	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD KINNER, LEE 230 S. GLADES TRAIL PANAMA CITY BEACH, FL 32407	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SDTD URSPRUNG, GENE 141 HOMBRE CIRCLE PANAMA CITY BEACH, FL 32407	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FRIESS, DAN 401 BRADY WAY PANAMA CITY BEACH, FL 32408	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD COX, CORINNE 142 GRAND HERON DRIVE PANAMA CITY BEACH, FL 32407	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD 114 GRAND HERON DRIVE PANAMA CITY BEACH, FL 32407	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KEEBLE, JEROME 116 GRAND HERON DRIVE PANAMA CITY BEACH, FL 32407	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WALLING, JAMES P.O. BOX 18564 PANAMA CITY BEACH, FL 32417	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

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: *Corinne Cox* **CORINNE COX** **3/28/06** **850-233-1143**

Signature and typed or printed name of signing officer or director Date Daytime Phone #