2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006
Secretary of State

DOCUMENT# N34163

Entity Name: PORT PANACEA VILLAGE HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

P.O.BOX 142
PANACCA, FL 32346 US

New Principal Place of Business:

Current Mailing Address:

P.O.BOX 142
PANACCA, FL 32346 US

New Mailing Address:

FEI Number: 56-1642652 **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:

CRUM, ELOISE
5 CRUM DRIVE
PANACEA, FL 32346 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: STENSON, WILL
Address: BOX 142
City-St-Zip: PANACEA, FL 32346

Title: STD ( ) Delete
Name: CRUM, ELOISE
Address: 145 BOX 4
City-St-Zip: PANACEA, FL 32346

Title: VD ( ) Delete
Name: MITCHELL, MARK
Address: 1003 WASHINGTON STREET
City-St-Zip: TALLAHASSEE, FL 32303

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: BARFIELD, TROY
Address: 115 MAGNOLIA LANE
City-St-Zip: BAINBRIDGE, GA 31718

Title: VP/T (X) Change ( ) Addition
Name: MITCHELL, MARK
Address: 2147 PINK FLAMINGO LN
City-St-Zip: TALLAHASSEE, FL 32308

Title: ST (X) Change ( ) Addition
Name: MITCHELL, MATT
Address: 156 GOOSE CREEK TRL
City-St-Zip: TALLAHASSEE, FL 32317

Title: BD ( ) Change (X) Addition
Name: STINSON, WILL
Address: 135 DUNCAN DR
City-St-Zip: CRAWFORDVILLE, FL 32327

Title: BD ( ) Change (X) Addition
Name: UNDERWOOD, GRADY
Address: 4336 ROCKINGHAM ROAD
City-St-Zip: TALLAHASSEE, FL 32303

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: MARK MITCHELL VP/T 05/01/2006
Electronic Signature of Signing Officer or Director Date