


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 07, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # N34357 1. Entity Name NANTUCKET VILLAGE TOWNHOUSE OWNERS' ASSOCIATION, INC.	
---	---

Principal Place of Business 305 WILSON AVENUE PANAMA CITY, FL 32401-3274 US	Mailing Address PO BOX 162 PANAMA CITY, FL 32402 US
---	---



01272005 No Chg-NP CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number NOT APPLICABLE	Applied For Not Applicable
---------------------------------	-------------------------------

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
---	-----------------------------------

6. Name and Address of Current Registered Agent  LONG, JIM 305 WILSON AVE. #9 PANAMA CITY, FL 32401
---

<b>DO NOT WRITE IN THIS SPACE</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) \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable

Filing Fee is \$61.25 Due by May 1, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
---	--

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TPD LONG, JIM PO BOX 162, 305 WILSON AVE. #9 PANAMA CITY, FL 32402
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD WILKS, CARLTON O 3306 ROBINSON BAYOU CIR PANAMA CITY, FL 32405
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD TURK, WAYNE 324 E. BEACH DR. PANAMA CITY, FL 32401
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

000000218887 02/08/05-80006-014 61.25  <b>DO NOT WRITE IN THIS SPACE</b>
---

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:  JAMES H. LONG	02/29/05	850 235-5617
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date	Daytime Phone #