

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N37116

FILED
Jul 05, 2006
Secretary of State

Entity Name: LAFITTE COVE HOMEOWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

P.O. BOX 1062
PENSACOLA BEACH, FL 325621062

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 1062
PENSACOLA BEACH, FL 325621062

New Mailing Address:

FEI Number: 59-3004017 **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:

GROW, THOMAS E.
1060 FT PICKENS RD
PO BOX 1062
PENSACOLA BEACH, FL 32561 US

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: VP () Delete
Name: EMLET, CARLA
Address: 1022 FT PICKENS RD
City-St-Zip: PENSACOLA BEACH, FL 32561

Title: P () Delete
Name: ALMON, TOM
Address: 230 LE STARBOARD DR
City-St-Zip: PENSACOLA BEACH, FL 32561

Title: STD () Delete
Name: HANSON, FRANCES
Address: 1060 FORT PICKENS ROAD
City-St-Zip: PENSACOLA BEACH, FL 32561

Title: D () Delete
Name: PATTERSON, IRVING
Address: 1038 FT PICKENS RD
City-St-Zip: GULF BREEZE, FL 32561

Title: RA () Delete
Name: GROW, THOMAS
Address: 1060 FT. PICKONS RD.
City-St-Zip: PENSACOLA BEACH, FL

Title: D () Delete
Name: HOMEWOOD, STEVE
Address: 1030 FT PICKENS RD
City-St-Zip: PENSACOLA BEACH, FL 32561

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
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: THOMAS GROW

RA

07/05/2006

Electronic Signature of Signing Officer or Director

Date