


**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 09, 2006 8:00 am**  
**Secretary of State**

05-09-2006 90086 033 \*\*\*\*61.25

<b>DOCUMENT # N43310</b>					
1. Entity Name CHANNEL MARKER II & SEAVIEW WEST TOWNHOMES BOAT DOCK ASSOCIATION INC.					
Principal Place of Business PO BOX 255 MARY ESTHER, FL 32569 US			Mailing Address PO BOX 255 MARY ESTHER, FL 32569 US		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 59-3056103	
				Applied For <input type="checkbox"/> Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
8. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
GIESLER, DANNY 1691W HWY 98, UNIT 104 MARY ESTHER, FL 32569				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	
				FL	Zip Code
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 _____					
Filing Fee is \$61.25 Due by September 6, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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	D	<input checked="" type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BURNETT, JOHNNY R		NAME	Cindy Burnett	
STREET ADDRESS	1691 HIGHWAY 98 W UNIT 204		STREET ADDRESS	1691 Hwy 98 W unit 204	
CITY-ST-ZIP	MARY ESTHER, FL 32569		CITY-ST-ZIP	Mary Esther, FL 32569	
TITLE	D	<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MERSINAS, CONSTANTINE		NAME	William Van Hoesen	
STREET ADDRESS	1687 HWY 98 W		STREET ADDRESS	1687 Hwy 98 W #3	
CITY-ST-ZIP	MARY ESTHER, FL 32569		CITY-ST-ZIP	Mary Esther, FL 32569	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WALKE, STEVE		NAME		
STREET ADDRESS	1691 HIGHWAY 98 W UNIT 304		STREET ADDRESS		
CITY-ST-ZIP	MARY ESTHER, FL 32569		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GIESLER, DANNY		NAME	Giesler, Danny	
STREET ADDRESS	1671 W HWY 98, UNIT 104		STREET ADDRESS	1365 W Hwy 98 #402	
CITY-ST-ZIP	MARY ESTHER, FL 32569		CITY-ST-ZIP	Mary Esther, FL 32569	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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: <i>Cindy Burnett</i>		Cindy BURNETT		5-4-06 850-243-9102	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	