

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N44414

FILED
Jan 23, 2006
Secretary of State

Entity Name: REDFISH LANE ASSOCIATION, INC.

Current Principal Place of Business:

P.O. BOX 1703
SANTA ROSA BEACH, FL 32459

New Principal Place of Business:

111 LITTLE REDFISH LANE
SANTA ROSA BEACH, FL 32459

Current Mailing Address:

P.O. BOX 1703
SANTA ROSA BEACH, FL 32459

New Mailing Address:

111 LITTLE REDFISH LANE
SANTA ROSA BEACH, FL 32459

FEI Number: 59-3106522

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PATTON, MARY S.
111 LITTLE REDFISH LN
SANTA ROSA BEACH, FL 32459 US

Name and Address of New Registered Agent:

ROVNER, DAVID R
111 LITTLE REDFISH LN
SANTA ROSA BEACH, FL 32459 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: DAVID ROVNER

01/23/2006

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: PATTON, THOMAS S
Address: 111 LITTLE RED FISH LANE
City-St-Zip: SANTA ROSA BEACH, FL 32459

Title: D () Delete
Name: ROUNER, DAVID
Address: 111 LITTLE REDFISH LANE
City-St-Zip: SANTA ROSA BEACH, FL 32459

Title: S () Delete
Name: ALEXANDER, CYNTHIA,
Address: 3 OLD MILLER PL
City-St-Zip: S. R. BCH, FL

Title: T () Delete
Name: CRANE, LOIS
Address: 133 SIENNA CT.
City-St-Zip: SANTA ROSA BEACH, FL 32459

Title: VD (X) Delete
Name: SMITH, DAVID
Address: 82 MYSTIC COBALT ST
City-St-Zip: SANTA ROSA BEACH, FL 32459

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: ROVNER, DAVID
Address: 111 LITTLE RED FISH LANE
City-St-Zip: SANTA ROSA BEACH, FL 32459

Title: VP (X) Change () Addition
Name: SMITH, DAVID
Address: 82 MYSTIC COBALT STREET
City-St-Zip: SANTA ROSA BEACH, FL 32459

Title: S (X) Change () Addition
Name: FROHWEIN, PETER
Address: 169 SEAGROVE VILLAGE DRIVE
City-St-Zip: SANTA ROSA BEACH, FL 32459

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: DAVID ROVNER

P

01/23/2006

Electronic Signature of Signing Officer or Director

Date