


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2006 8:00 am
Secretary of State

05-04-2006 90209 036 ****61.25

DOCUMENT # N93000002127	
1. Entity Name FRONT ROW OWNERS' ASSOCIATION, INC.	

Principal Place of Business % ABBOTT REALTY 35000 EMERALD COAST PKWY DESTIN, FL 32451	Mailing Address % ABBOTT REALTY 35000 EMERALD COAST PKWY DESTIN, FL 32451
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2. Principal Place of Business % Bluewater Bay Resort	3. Mailing Address SAME
Suite, Apt. #, etc. 1950 Bluewater Blvd Ste 200	Suite, Apt. #, etc.
City & State Niceville FL	City & State
Zip 32578	Country USA



04282006 Chg-NP CR2E037 (4/06)

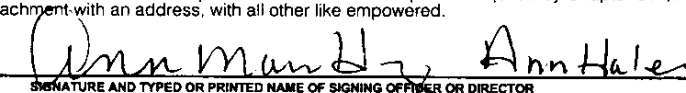
6. Name and Address of Current Registered Agent KING, ROBERT 35000 EMERALD COAST PRKWY DESTIN, FL 32541	
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7. Name and Address of New Registered Agent	
Name Ann Haley	
Street Address (P.O. Box Number is Not Acceptable) Bluewater Bay Resort	
1950 Bluewater Blvd Ste 200	
City Niceville	FL
Zip Code 32578	

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 	Ann Marie Haley 4/28/06

Filing Fee is \$61.25 Due by May 1, 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
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/P LOGAN, KEVIN PO BOX 577 FREEPORT, FL 32439 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP CABRAL, ROBERT 764 BROGDON ROAD SWANEE, GA 30024 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST LENOIR, KENNETH 57 GERMANTOWN COURT, SUITE 400 CORDOVA, TN 38018 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Ann Haley 106 Linda Ct Niceville FL 32578 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Ann Haley 106 Linda Ct Niceville FL 32578 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: 	Ann Marie Haley 4/28/06 850 897 3614