

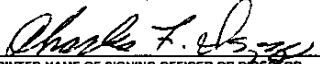


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 23, 2006 8:00 am
Secretary of State

02-23-2006 90016 031 ****61.25

DOCUMENT # N93000002816 1. Entity Name JOURNEY'S END CONDOMINIUM HOMEOWNERS' ASSOCIATION, INC.					
Principal Place of Business 6073 W. HWY 30-A #205 SANTA ROSA BEACH, FL 32459 US			Mailing Address 6073 W HIGHWAY 30-A #205 SANTA ROSA BEACH, FL 32459 US		
2. Principal Place of Business 6073 W. HWY 30-A Suite, Apt. #, etc.		3. Mailing Address P.O. Box 1433 Suite, Apt. #, etc.			
City & State Santa Rosa Beach, FL		City & State Santa Rosa Beach, FL		4. FEI Number 59-3192241	
Zip 32459		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent COSTELLO, RAYMOND P 6073 W HIGHWAY 30-A #205 SANTA ROSA BEACH, FL 32459				7. Name and Address of New Registered Agent Name: Izzo, Charles F. Street Address (P.O. Box Number is Not Acceptable): 6073 W. Highway 30A City: Santa Rosa Beach FL Zip Code: 32459	
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: Charles F. Izzo Treas.  2-20-06 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required with filing.) DATE</small>					
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					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST COSTELLO, RAYMOND P 6073 W HWY 30-A #205 SANTA ROSA BEACH, FL	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP Smith, David 1199 Yorkshire Birmingham, MI, 48009
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD COURT, DAVID 6073 W HWY 30-A #102 SANTA ROSA BEACH, FL 32459	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Izzo, Charles DT Izzo, Charles 6073 W. Hwy 30A Santa Rosa Beach, FL 32459
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP NUSSBAUMER, FRED 366 GOLFVIEW SANDESTIN DESTIN, FL 32550	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS Thompson, Lisa 2620 Dolly Ridge Rd. Birmingham, AL 35243
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS 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: Charles F. Izzo  2-20-06 850-622-0425 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE Daytime Phone #</small>					

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02162006 Chg-NP CR2E037 (11/05)