


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

FILED
Mar 02, 2006 08:00 AM
Secretary of State

DOCUMENT # N94000005645

1. Entity Name
THE LAKEPLACE AT GRAYTON BEACH OWNERS' ASSOCIATION, INC.



Principal Place of Business THE ASSOCIATION OFFICE 770 WN 6 TERRR LOOPS #16 SANTA ROSA BEACH, FL 32459 US	Mailing Address P.O. BOX 1247 SANTA ROSA BEACH, FL 32459 US
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02152006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3282476	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**STENBERG, CYNTHIA T
56 SPIRES LANE
17A
SANTA ROSA BEACH, FL 32459**

DO NOT WRITE IN THIS SPACE

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 May 1, 2006**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GILBERT, RUSS 99 WILDERNESS WAY SANTA ROSA BEACH, FL 32459
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT WATSON, TOM 144 WILDERNESS WAY SANTA ROSA BEACH, FL 32459
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD KIRST, RUTH 361 WILDENESS WAY GRAYTON BEACH, FL 32459
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS LVINGSTON, LARRY 216 WILDERNESS WAY SANTA ROSA BEACH, FL 32459
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP MARS, MARTY 299 WILDERNESS WAY SANTA ROSA BEACH, FL 32459
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FARISH, FRANK 2613 SOUTHMINSTER BIRMINGHAM, AL 35243

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03/14/06-80002-003 61.25

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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: *Ruth B. Kirst* 2/28/06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #