

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000001641

FILED
May 17, 2006
Secretary of State

Entity Name: LONG BEACH RESORT COMMUNITY ASSOCIATION, INC.

Current Principal Place of Business:

10511 FRONT BEACH ROAD
PANAMA CITY BEACH, FL 32407

New Principal Place of Business:

Current Mailing Address:

PO BOX 9622
PANAMA CITY BEACH, FL 32417

New Mailing Address:

FEI Number: 59-3383102 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

BENZ, MICHAEL
150 AZALEA DRIVE
SUITE A
DESTIN, FL 32541 US

Name and Address of New Registered Agent:

NEWMAN, RAY
348 MIRCLE STRIP PARKWAY
PARADISE VILLIAGE, SUITE 7
DESTIN, FL 32548 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: RAY NEWMAN

05/17/2006

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: CAIN, MICHAEL
Address: 1303 MAINE AVE
City-St-Zip: LYNN HAVEN, FL 32444

Title: DV () Delete
Name: KELLEY, DAVID
Address: 61551 BREMAN HWY
City-St-Zip: MISHAWAKA, IN 46544

Title: TD () Delete
Name: CLINKSCALES, KIMBERLY S
Address: 19 DUE NORTH COURT
City-St-Zip: COMMERCE, GA 30529

Title: D () Delete
Name: HARDAGE, TIMOTHY
Address: 1731 JULIAN DR
City-St-Zip: WATKINSVILLE, GA 30677

Title: DP () Delete
Name: TROHA, JOHN M
Address: 2313 MOUNTAIN OAKS LANE
City-St-Zip: BIRMINGHAM, AL 35226

Title: DS () Delete
Name: THIEMANN, HANS H
Address: 1953 LAKE MIONA DRIVE
City-St-Zip: LADY LAKE, FL 32162

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: TD (X) Change () Addition
Name: CLINKSCALES, KIMBERLY S
Address: 10515 FRONT BEACH ROAD 3-101
City-St-Zip: PANAMA CITY BEACH, FL 32407

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: JOHN TROHA

PRES

05/17/2006

Electronic Signature of Signing Officer or Director

Date