2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N95000001693

1 Entity Name

CERCLE NAUTIQUE OWNER'S ASSOCIATION OF NORTHWEST FLORIDA, INC.



Principal Place of Business

Mailing Address

96 YACHT CLUB DRIVE FT. WALTON BEACH, FL 32548 96 YACHT CLUB DRIVE FT. WALTON BEACH, FL 32548 FILED Feb 28, 2007 08:00 A Secretary of State



01052007 No Chg-NP

CR2E037 (4/06)

4. FEI Number	 	Applied For
59-3309887	 	Not Applicable
5. Certificate of Status Desired	\$8.75 Additional	

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

GRIMSLEY, JAMES W 25 WALTER MARTIN ROAD N.E. FT. WALTON BEACH, FL 32548

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					
	Filing Fee is \$61.25 Due by May 1, 2007	9. Election Campaign Finar Trust Fund Contribution.	cing \$5.00 May Be Added to Fees		
10.	OFFICERS AND DIREC	TORS		KIND OF THE STATE OF THE SHEWY WE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BEARD, BRYAN 96 YACHT CLUB DR, #8 FT. WALTON BEACH, FL				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD LUCKIE, MARGARET 96 YACHT CLUB CRIVE #6 FORT WALTON BEACH, FL 32548			000000651782 03/09/07-80021-021 61:25	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD BURKETT, BETTY C 96 YACHT CLUB DRIVE FT. WALTON BEACH, FL 32548		DO	NOT WRITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SKELLY, JOE 96 YACHT CLUB DR, #9 FT. WALTON BEACH, FL		IN	THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		1.00			
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.					