

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000003906

FILED
Apr 26, 2006
Secretary of State

Entity Name: LONGUE VUE OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

5311 E. CO. HWY 30-A
SANTA ROSA BEACH, FL 32459

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 4703
SANTA ROSA BEACH, FL 32459

New Mailing Address:

5311 E COUNTY HWY 30-A
SANTA ROSA BEACH, FL 32459

FEI Number: 59-3394970

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PRITCHETT, WALTER R
5311 E. CO. HWY 30 A
SANTA ROSA BEACH, FL 32459 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: ANSON, NANCY A
Address: 508 AUDOBON WAY
City-St-Zip: ALBANY, GA 31707

Title: VPD () Delete
Name: GLORE, JOHN
Address: 3064 HICKS RD
City-St-Zip: MARIETTA, GA 30060

Title: STD () Delete
Name: WARNER, MATTHEW A
Address: 4493 LUKE AVE
City-St-Zip: DESTIN, FL 32541

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change () Addition
Name: ANSON, NANCY A
Address: 508 AUDOBON WAY
City-St-Zip: ALBANY, GA 31707

Title: DV (X) Change () Addition
Name: GLORE, JOHN
Address: 3064 HICKS RD
City-St-Zip: MARIETTA, GA 30060

Title: STD (X) Change () Addition
Name: WARNER, MATT A
Address: 4493 LUKE AVE
City-St-Zip: DESTIN, FL 32541

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: NANCY ANSON

P

04/26/2006

Electronic Signature of Signing Officer or Director

Date