2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000006046

FILED Apr 29, 2006 Secretary of State

Entity Name: ESCADA BLOCK B HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

600 CALLE ESCADA

SANTA ROSA BEACH, FL 32459 US

Current Mailing Address: New Mailing Address:

215 GRAND BLVD SUITE 200

MIRAMAR BEACH, FL 32550 US

FEI Number: 59-3539129 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

GORMLEY, TERRY P 215 GRAND BLVD SUITE 200

MIRAMAR BEACH, FL 32550 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:

Clastera is Circustrus of Devictors of August

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Name: JOHNSON, MICHELLE Name: NEWELL, GEORGEEN

Address: 105 VIA LARGO Address: 163 VIA LARGO
City-St-Zip: SANTA ROSA BEACH, FL 32459 US City-St-Zip: SANTA ROSA BEACH, FL 32459 US

Title: DP () Delete Title: DST (X) Change () Addition Name: SMITH, IAN Name: THEREAU, JAMES

Address: 141 VIA LARGO Address: 241 VIA LARGO

City-St-Zip: SANTA ROSA BEACH, FL 32459 US City-St-Zip: SANTA ROSA BEACH, FL 32459 US

 $\label{eq:title:DST} \mbox{Title:} \qquad \mbox{DST} \qquad \mbox{() Delete} \qquad \qquad \mbox{Title:} \qquad \mbox{D} \qquad \mbox{(X) Change () Addition}$

Name: JORDAN, MARGIE Name: FULLERTON, JEANNE

Address: 264 VIA LARGO Address: 64 VIA LARGO

City-St-Zip: SANTA ROSA BEACH, FL 32459 US City-St-Zip: SANTA ROSA BEACH, FL 32459 US

Title: DV (X) Delete Title: () Change () Addition

 Name:
 FULLERTON, JEANE
 Name:

 Address:
 64 VIA LARGO
 Address:

 City-St-Zip:
 SANTA ROSA BEACH, FL 32459 US
 City-St-Zip:

 Name:
 KRIKA, DAVID
 Name:

 Address:
 755 GRAND BLVD; SUITE 103 UNIT 326
 Address:

 City-St-Zip:
 MIRAMAR BEACH, FL 32550 US
 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: JAMES THEREAU DST 04/29/2006