

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000003321

FILED
Jan 12, 2006
Secretary of State

Entity Name: THE BLUFF AT SECLUDED DUNES HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

206 E. 4TH STREET
PORT ST. JOE, FL 32456

New Principal Place of Business:

116 SAILORS COVE DRIVE
PORT ST. JOE, FL 32456

Current Mailing Address:

206 E. 4TH STREET
PORT ST. JOE, FL 32456

New Mailing Address:

P. O. BOX 39
PORT ST. JOE, FL 32456

FEI Number: 01-0663479

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GIBSON, THOMAS S
206 E. 4TH STREET
PORT ST. JOE, FL 32457 US

Name and Address of New Registered Agent:

GIBSON, THOMAS S
116 SAILORS COVE DRIVE
PORT ST. JOE, FL 32457 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: THOMAS S. GIBSON

01/12/2006

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: RISH, WILLIAM J JR.
Address: 206 E. 4TH STREET
City-St-Zip: PORT ST. JOE, FL 32456

Title: VD () Delete
Name: PAILET, JOSHUA
Address: 322 ROYAL STREET
City-St-Zip: NEW ORLEANS, LA 70130

Title: STD () Delete
Name: GIBSON, THOMAS S
Address: 206 E. 4TH STREET
City-St-Zip: PORT ST. JOE, FL 32456

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: RISH, WILLIAM J JR.
Address: 116 SAILORS COVE DRIVE
City-St-Zip: PORT ST. JOE, FL 32456

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

Title: STD (X) Change () Addition
Name: GIBSON, THOMAS S
Address: 116 SAILORS COVE DRIVE
City-St-Zip: PORT ST. JOE, FL 32456

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: WILLIAM J. RISH

PD

01/12/2006

Electronic Signature of Signing Officer or Director

Date