

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 02, 2008 8:00 am
Secretary of State

04-24-2008 90104 004 ****61.25

DOCUMENT # N99000003681 1. Entity Name THE CARILLON BEACH CONDOMINIUM ASSOCIATION, INC.			
Principal Place of Business 100 MARKET ST PANAMA CITY BEACH, FL 32413		Mailing Address 100 MARKET ST PANAMA CITY BEACH, FL 32413	
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address PO Box 611603 Suite, Apt. #, etc.	
City & State Rosemary Beach FL		4. FEI Number 59-3585466	
Zip 32461		Country USA	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent THALL, JOHN 100 MARKET STREET PANAMA CITY BEACH, FL 32413		7. Name and Address of New Registered Agent COASTAL PROPERTIES ASSOCIATION, INC. 26132 Emerald Coast Pkwy Destin FL 32541	
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 <small>Signature, typed or printed name of registered agent and fee if applicable</small>		DATE 4/21/08	
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BOWDEN, STEVE 100 MARKET ST PANAMA CITY BEACH, FL 32413	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NEWTON, HERB 100 MARKET ST PANAMA CITY BEACH, FL 32413	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DEBOY, ROGER 100 MARKET ST PANAMA CITY BEACH, FL 32413	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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.			
SIGNATURE: R S Bowden <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		DATE: 5/28/08 <small>Date</small>	
TELEPHONE: 850.230.5042 <small>Daytime Phone #</small>			