


**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 22, 2008 08:00 AM
Secretary of State

DOCUMENT # N99000003956	
1. Entity Name LAPORTE VILLA LANDOWNERS' ASSOCIATION, INC.	
	
Principal Place of Business 14131 LOUISE DRIVE SOUTHPORT, FL 32409	Mailing Address 14131 LOUISE DRIVE SOUTHPORT, FL 32409



01062008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3584170	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent OWENS, DIANE 14131 LOUISE DRIVE SOUTHPORT, FL 32409	DO NOT WRITE IN THIS SPACE
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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 _____ (NOTE: Registered Agent signature required when renewing) DATE _____

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

U00000835714
02/29/08-80044-021 61.25

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD OWENS, DIANE 14131 LOUISE DRIVE SOUTHPORT, FL 32409
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD ZEDIKER, FRED 14141 LOUISE DRIVE SOUTHPORT, FL 32409
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD OWENS, JENICE 14207 LOUISE DR PANAMA CITY, FL 32409
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD HOOD, JIMMY 14121 LOUISE DRIVE SOUTHPORT, FL 32409
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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: Diane Owens 2-20-08 850/2658133
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
President