

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 21, 2006 8:00 am
Secretary of State

03-21-2006 90012 036 ****61.25

DOCUMENT # N99000005701

1. Entity Name

**NORTH OKALOOSA COUNTY PROPERTY OWNERS
ASSOCIATION, INC.**



Principal Place of Business

2396 WHISNAND CIR
CRESTVIEW FL 32536

Mailing Address

2396 WHISNAND CIR
CRESTVIEW FL 32536

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/05)

4. FEI Number

59-3646700

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**SHAFFER, JAMES R JR
6187 BETHANY DR.
CRESTVIEW FL 32539**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when re-registering)

DATE

**FILE NOW: FEE IS \$61.25
Due By May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE PD ☐ Delete
NAME SHAFER, JAMES
STREET ADDRESS 6187 BETHANY ROAD
CITY-ST-ZIP CRESTVIEW FL 32536

TITLE SD ☐ Delete
NAME WHISNAND, CHARLES R
STREET ADDRESS 2392 WHISNAND CIR
CITY-ST-ZIP CRESTVIEW FL 32536

TITLE D ☐ Delete
NAME WORLEY, D C MRS.
STREET ADDRESS 5181 BETHANY DR
CITY-ST-ZIP CRESTVIEW FL 32539

TITLE D ☐ Delete
NAME HOLLINGSHEAD, SUSAN MRS.
STREET ADDRESS 586 N FERDON BLVD
CITY-ST-ZIP CRESTVIEW FL 32536

TITLE TS ☐ Delete
NAME DAVIS, W D
STREET ADDRESS P.O. BOX 1513
CITY-ST-ZIP CRESTVIEW FL 32536

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

Susan Hollingshead

3-06-06 850-682-5012