

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 16, 2007 8:00 am
Secretary of State

04-16-2007 90093 018 ****61.25

DOCUMENT # N99000007284

1. Entity Name
EN SOLEIL OWNERS ASSOCIATION, INC.



40063483

Principal Place of Business
**7505 THOMAS DRIVE
PANAMA CITY BEACH, FL 32408**

Mailing Address
**P.O. BOX 19348
PANAMA CITY BEACH, FL 32417**



04032007 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3743540

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**WALTERS, ELIZABETH J
221 MCKENZIE AVENUE
PANAMA CITY, FL 32401**

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IN THIS SPACE**

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 reinstating)

DATE _____

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **P**
NAME **RIECH, ROBERT D JR**
STREET ADDRESS **119 EUCLID AVE.**
CITY-ST-ZIP **BIRMINGHAM, AL 35213**

TITLE **V**
NAME **DERUM, EDWARD J**
STREET ADDRESS **1020 RIVERSIDE RD.**
CITY-ST-ZIP **ROSWELL, GA 30076**

TITLE **T**
NAME **STEINBRUNNER, BILL**
STREET ADDRESS **4022 KNOLL WOOD LANE**
CITY-ST-ZIP **ANDERSON, IN 46011**

TITLE **S**
NAME **YEAROUT, GUSTY J**
STREET ADDRESS **2616 CALDWELL MILL LANE**
CITY-ST-ZIP **BIRMINGHAM, AL 35243**

TITLE **D**
NAME **CERVERA, NICHOLAS J**
STREET ADDRESS **109 VINCENT AVE**
CITY-ST-ZIP **TROY, AL 36089**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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:

William L. Stenbrun
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/12/07
Date

850-249-6255
Daytime Phone #