


FILED
Apr 03, 2006 8:00 am
Secretary of State

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DOCUMENT # P95000094106				Secretary of State 04-03-2006 90406 037 ***150.00	
1. Entity Name NORTH WEST FLORIDA LANDOWNERS ASSOCIATION, INC.		Principal Place of Business 3801 WOODBRIAR TR. PORT ORANGE, FL 32129 US		Mailing Address PO BOX 290127 PORT ORANGE, FL 32129 US	
2. Principal Place of Business		3. Mailing Address		03242006 Chg-P CR2E034 (11/05)	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number 59-3356248	
City & State		City & State		Applied For Not Applicable	
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent STORCH, GLENN D P.A. 420 S NOVA RD DAYTONA BEACH, FL 32114				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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D OWNBY, JAMES D 5948 BROKEN BOW LANE PORT ORANGE, FL 32127	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
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 607, 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: James D Ownby		3-27-06		386-322-6117	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	