

**2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N03000008943

**Entity Name:** CONRAD POINTE ASSOCIATION, INC.

**Current Principal Place of Business:**

6936 HIRAM'S RD  
PANAMA CITY, FL 32409

**Current Mailing Address:**

6936 HIRAM'S RD  
PANAMA CITY, FL 32409

**FEI Number: 77-0611852**

**Certificate of Status Desired: Yes**

**Name and Address of Current Registered Agent:**

WHITAKER, DEBORAH C  
6936 HIRAMS RD  
PANAMA CITY, FL 32409 US

*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.*

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title D  
Name LAYFIELD, WILLIAM E  
Address 7234 RESOTA LANE  
City-State-Zip: SOUTHPORT FL 32409

Title D  
Name CONRAD, JOY  
Address 3701 TIPPECANOE LANE  
City-State-Zip: PANAMA CITY FL 32409

Title D  
Name WHITAKER, DEBORAH C  
Address 6936 HIRAMS RD  
City-State-Zip: PANAMA CITY FL 32409

Title D  
Name CASFORD, BRANT  
Address 3704 TIPPE CANOE LANE  
City-State-Zip: PANAMA CITY FL 32409

Title D  
Name O'ROURKE, TERRY  
Address 3710 CONWICK DR  
City-State-Zip: PANAMA CITY FL 32409

Title D  
Name CONRAD, FRED  
Address 7224 RESOTA LANE  
City-State-Zip: PANAMA CITY FL 32409

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE: BRANT CASFORD**

**PRESIDENT**

**02/10/2014**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date