


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

FILED
Feb 27, 2006 8:00 am
Secretary of State

02-27-2006 90094 009 ****70.00

DOCUMENT # N24704
1. Entity Name
GABANA BEACH OWNERS ASSOCIATION, INC.



Principal Place of Business Mailing Address
%ROB BLUE, JR.
203 SHALIMAR ST
PANAMA CITY BEACH FL 32413 %ROB BLUE, JR.
P.O. DRAWER 9418
PANAMA CITY BEACH FL 32417



2. Principal Place of Business 3. Mailing Address
220 Sundial Court *P.O. Drawer 9418*
Suite, Apt. #, etc. Suite, Apt. #, etc.

1st MOORE CR2E037 (10/05)

City & State *Panama City Beh* City & State *Panama City Beach FL*

4. FEI Number **59-2877965** Applied For
Not Applicable

Zip *32413* Country *USA* Zip *32417* Country *USA*

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
CHARLES M NOVOTA
203 SHALIMAR ST
PANAMA CITY FL 32413

7. Name and Address of New Registered Agent
Name *Charles M. Novota*
Street Address (P.O. Box Number is Not Acceptable)
4146 SE JIB Lane
City *Stuart* FL Zip Code *34997*

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

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	<input type="checkbox"/> Delete
NAME	NOVOTA, CHARLES M.	
STREET ADDRESS	220 SUNDIAL COURT	
CITY-ST-ZIP	PANAMA CITY BEACH FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	WHITAKER, DEBORAH C.	
STREET ADDRESS	2002 GERALO LANE	
CITY-ST-ZIP	LYNN HAVEN FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	NOVOTA, JOANIE	
STREET ADDRESS	220 SUNDIAL COURT	
CITY-ST-ZIP	PANAMA CITY BEACH FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NOVOTA, CHARLES M.	
STREET ADDRESS	4146 SE JIB Lane	
CITY-ST-ZIP	Stuart FL 34997	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Whitaker, Deborah C.	
STREET ADDRESS	6936 Hiram's Road	
CITY-ST-ZIP	Panama City FL 32409	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Joanie Novota	
STREET ADDRESS	4146 SE JIB Lane	
CITY-ST-ZIP	Stuart FL 34997	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: *[Signature]* 2-14-06