# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Mar 30, 2007 8:00 am**
**Secretary of State**
02-12-2007 90106 016 ****50.00
03-30-2007 90142 047 ****11.25

DOCUMENT # N03000003976

1. Entity Name
THE VILLAS AT SEACREST BEACH OWNERS ASSOCIATION, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 67 SEACREST BEACH BLVD E<br>PANAMA CITY BEACH, FL 32413 | P.O. BOX 611707<br>ROSEMARY BEACH, FL 32461 |

01292007 Chg-NP CR2E037 (12/06)

| 2. Principal Place of Business - No P.O. Box # | 3. Mailing Address |
|---|---|
| 7 Town Center Loop | |
| Suite, Apt. #, etc.<br>C-16 | Suite, Apt. #, etc. |
| City & State<br>Santa Rosa Beach FL | City & State |
| Zip<br>32549 Country<br>USA | Zip Country |

4. FEI Number
04-3757160
☐ Applied For
☐ Not Applicable

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

| 6. Name and Address of Current Registered Agent | 7. Name and Address of New Registered Agent |
|---|---|
| STENBERG, CYNTHIA T<br>7 TOWN CENTER LOOP<br>C16<br>SANTA ROSA BEACH, FL 32459 | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>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 I 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

**Make check payable to Florida Department of State**

| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS | | |
|---|---|---|---|---|---|
| TITLE | DP | ☐ Delete | TITLE | | ☐ Change ☐ Addition |
| NAME | BARTON, PETER J | | NAME | | |
| STREET ADDRESS | 237 CALLE ESCADA | | STREET ADDRESS | | |
| CITY-ST-ZIP | SANTA ROSA BEACH, FL 32459 | | CITY-ST-ZIP | | |
| TITLE | DVP | ☐ Delete | TITLE | | ☐ Change ☐ Addition |
| NAME | HENRY, BRYANT | | NAME | | |
| STREET ADDRESS | PO BOX 467 | | STREET ADDRESS | | |
| CITY-ST-ZIP | LAFAYETTE, GA 30728 | | CITY-ST-ZIP | | |
| TITLE | DS | ☐ Delete | TITLE | | ☐ Change ☐ Addition |
| NAME | HOMAN, LAURA | | NAME | | |
| STREET ADDRESS | PO BOX 39 | | STREET ADDRESS | | |
| CITY-ST-ZIP | FULTON, MS 38843 | | CITY-ST-ZIP | | |
| TITLE | D | ☐ Delete | TITLE | | ☐ Change ☐ Addition |
| NAME | JINKS, MARILYN | | NAME | | |
| STREET ADDRESS | BOX 611449 | | STREET ADDRESS | | |
| CITY-ST-ZIP | ROSEMARY BEACH, FL 32461 | | CITY-ST-ZIP | | |
| TITLE | D | ☐ Delete | TITLE | | ☐ Change ☐ Addition |
| NAME | MATICH, JOHN | | NAME | | |
| STREET ADDRESS | 5 SEACREST BEACH BLVD E UNIT B202 | | STREET ADDRESS | | |
| CITY-ST-ZIP | SANTA ROSA BEACH, FL 32459 | | CITY-ST-ZIP | | |
| TITLE | | ☐ Delete | TITLE | | ☐ Change ☐ Addition |
| NAME | | | NAME | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | | |

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 above, if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** _____ 1-31-07 850-230-1031
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #