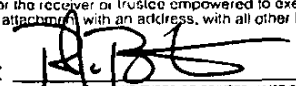


FILED
Mar 30, 2007 8:00 am
Secretary of State

2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT

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 67 SEACREST BEACH BLVD E PANAMA CITY BEACH, FL 32413		Mailing Address P.O. BOX 611707 ROSEMARY BEACH, FL 32461	
2. Principal Place of Business - No P.O. Box # 7 TOWN CENTER LOOP		3. Mailing Address Suite, Apt. #, etc.	
City & State C-16 SANTA ROSA BEACH FL		City & State	
Zip 32549		Country USA	
4. FEI Number 04-3757160		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$6.75 Additional Fee Required	
6. Name and Address of Current Registered Agent STENBERG, CYNTHIA T 7 TOWN CENTER LOOP C16 SANTA ROSA BEACH, FL 32459		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 _____ 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 NAME STREET ADDRESS CITY-ST-ZIP	DP BARTON, PETER J 237 CALLE ESCADA SANTA ROSA BEACH, FL 32459 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP HENRY, BRYANT PO BOX 467 LAFAYETTE, GA 30728 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS HOMAN, LAURA PO BOX 39 FULTON, MS 38843 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JINKS, MARILYN BOX 611449 ROSEMARY BEACH, FL 32461 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MATICH, JOHN 5 SEACREST BEACH BLVD E UNIT B202 SANTA ROSA BEACH, FL 32459 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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, changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: 		Date: 1-31-07 RSO-230-1031	