# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Jun 04, 2008 8:00 am**
**Secretary of State**
04-24-2008 90098 048 ****61.25

DOCUMENT # N03000003976

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

66013238

| Principal Place of Business | Mailing Address |
|---|---|
| 7 TOWN CENTER LOOP<br>C-16<br>SANTA ROSA BEACH, FL 32549 | P.O. BOX 611707<br>ROSEMARY BEACH, FL 32461 |

01282008 Chg-NP CR2E037 (12/06)

| 2. Principal Place of Business - No P.O. Box # | 3. Mailing Address |
|---|---|
| Suite, Apt. #, etc. | PO Box 611644<br>Suite, Apt. #, etc. |
| City & State | City & State<br>Rosemary Beach FL |
| Zip / Country | 32413 / Zip ~~Country~~ Walton |

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

STENBERG, CYNTHIA T
7 TOWN CENTER LOOP
C16
SANTA ROSA BEACH, FL 32459

7. Name and Address of New Registered Agent

Name: COASTAL PROPERTIES ASSOCIATION Manager
Street Address (P.O. Box Number is Not Acceptable)
ZACH JOHNSON
36182 Emerald Coast PKY
City: DESTIN FL Zip Code: 32541

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 _____ 4/22/08
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, 2008**

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 IN 10 | | |
|---|---|---|---|---|---|
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | DP<br>BARTON, PETER J<br>237 CALLE ESCADA<br>SANTA ROSA BEACH, FL 32459 | ☒ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | PRES<br>MATICH, JOHN<br>5 SEACREST BEACH BLVD E. UNIT B202<br>PANAMA CITY BEACH FL 32413 | ☐ Change ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | DVP<br>HENRY, BRYANT<br>PO BOX 467<br>LAFAYETTE, GA 30728 | ☒ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | V PRES<br>GREEN CONNIE<br>1165 RAFFINGTON DR<br>LAWRENCEVILLE GA. 30045 | ☐ Change ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | DS<br>HOMAN, LAURA<br>PO BOX 39<br>FULTON, MS 38843 | ☒ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>JINKS, MARILYN<br>BOX 611449<br>ROSEMARY BEACH, FL 32461 | ☒ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>MATICH, JOHN<br>5 SEACREST BEACH BLVD E UNIT B202<br>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 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** John Matich 5/25/08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #