

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000008789

FILED
Apr 19, 2007
Secretary of State

Entity Name: SECLUSION BAY OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

5311 E. COUNTY HWY 30-A
SUITE 5
SANTA ROSA BEACH, FL 32459 US

New Principal Place of Business:

Current Mailing Address:

5311 E. COUNTY HWY 30-A
STE 5
SANTA ROSA BEACH, FL 32459 US

New Mailing Address:

FEI Number: 20-0354077

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PRITCHETT, WALTER R
5311 E. COUNTY HWY 30-A
STE 5
SANTA ROSA BEACH, FL 32459 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: DST () Delete
Name: BARNIV, CHARLES
Address: 4520 N BRISTOL COURT
City-St-Zip: NICEVILLE, FL 32578

Title: DV () Delete
Name: FLEISHER, DAVID
Address: 276 MARWOOD DR
City-St-Zip: BIRMINGHAM, AL 35244

Title: DP () Delete
Name: DE VAVONA, HENRY
Address: 407 EVANS ROAD
City-St-Zip: NICEVILLE, FL 32578

Title: D () Delete
Name: SCHOTT, JOHN
Address: 25 BRAMBLE GROVE PLACE
City-St-Zip: SANTA ROSA BEACH, FL 32459

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: DV (X) Change () Addition
Name: FLEISHER, DAVID
Address: 42 BUSINESS CENTER DR, STE 304
City-St-Zip: DESTIN, FL 32550

Title: DP (X) Change () Addition
Name: DE VARONA, HENRY
Address: 407 EVANS ROAD
City-St-Zip: NICEVILLE, FL 32578

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D () Change (X) Addition
Name: WEGER, MIKE
Address: PO BOX 997
City-St-Zip: DESTIN, FL 32540

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: WALTER R PRITCHETT

MGR

04/19/2007

Electronic Signature of Signing Officer or Director

Date