

**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Jan 15, 2007  
Secretary of State**

DOCUMENT# N94000004110

Entity Name: SCENIC 98 ASSOCIATION, INC.

**Current Principal Place of Business:**

172 PLATEAU AVENUE  
DEFUNIAK SPRINGS, FL 32435 US

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 2595  
SANTA ROSA BEACH, FL 32459 US

**New Mailing Address:**

FEI Number: 59-3280216      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

NIDA, SHERI  
C/O SHHEC ADMINISTRATION  
7800 HWY 98 WEST  
DESTIN, FL 32550 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: PP ( ) Delete  
Name: GRILL, SUE  
Address: 3259 BURNT PINE COVE  
City-St-Zip: DESTIN, FL 32550

Title: P ( ) Delete  
Name: JOHNSON, BOB  
Address: 2067 CRYSTAL LAKE DR.  
City-St-Zip: SANDESTIN, FL 32550

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

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: BOB JOHNSON

P

01/15/2007

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date