2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 20, 2006
Secretary of State

DOCUMENT# N96000004617

Entity Name: THE RETREAT OF SOUTH WALTON COUNTY HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

10221 EMERALD COAST PARKWAY WEST
SUITE 23
MIRAMAR BEACH, FL 32550 US

New Principal Place of Business:

Current Mailing Address:

10221 EMERALD COAST PARKWAY WEST
SUITE 23
MIRAMAR BEACH, FL 32550 US

New Mailing Address:

FEI Number: 59-3401095 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

GELDER, JAY B
10221 EMERALD COAST PARKWAY WEST
SUITE 23
MIRAMAR BEACH, 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: PD ( ) Delete
Name: JUSTUS, SCOTT
Address: 2572 VININGS WALK
City-St-Zip: SMYRNA, GA 30080

Title: VP ( ) Delete
Name: LOVELL, DAVE
Address: 27 SANDCASTLE CT.
City-St-Zip: SANTA ROSA BEACH, FL 32459

Title: STD ( ) Delete
Name: RESTER, JIM
Address: 176 WEST BERMUDA DR.
City-St-Zip: SANTA ROSA BEACH, FL 32459

Title: D ( ) Delete
Name: POTTER, BILL
Address: TTE 249 N. BLUE HERON DR.
City-St-Zip: SANTA ROSA BEACH, FL 32459

Title: D ( ) Delete
Name: ESTIS, DENNIS
Address: 3592 WAVERLY CIRCLE
City-St-Zip: DESTIN, FL 32541

Title: D ( ) Delete
Name: PATTON, CLYDE
Address: 6472 MAY CREEK COVE
City-St-Zip: MEMPHIS, TN 38119

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition
Name: FLAUTT, FRANK
Address: 200 GRAND AVE. #205B
City-St-Zip: MIRAMAR BEACH, FL 32550

Title: PD (X) Change ( ) Addition
Name: LOVELL, DAVE
Address: 27 SANDCASTLE CT.
City-St-Zip: SANTA ROSA BEACH, FL 32459

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

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

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: DAVE LOVELL PD 01/20/2006
Electronic Signature of Signing Officer or Director — Date