2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2008
Secretary of State

DOCUMENT# N98000000646

Entity Name: TRANQUILLITY ON THE BEACH OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

5331 E COUNTY HWY 30A
STE 5
SANTA ROSA BEACH, FL 32459 US

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

FEI Number: 59-3500614 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SHIPMAN, GARY A ESQ
1414 CO. HWY 283 SOUTH
STE B
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: DT ( ) Delete
Name: MCMULLIAN, JACKIE
Address: 1919 FLOWERS CIRCLE
City-St-Zip: THOMASVILLE, GA 31757

Title: DV ( ) Delete
Name: BENTON, ANN
Address: 1691 GROVE PARK WAY
City-St-Zip: DECATUR, GA 30033

Title: DP ( ) Delete
Name: FANCHER, MATTHEW
Address: PO BOX 148
City-St-Zip: COVINGTON, GA 30015

Title: DS ( ) Delete
Name: O'BRIEN, MIKE
Address: 1305 FAIRWAY VIEW
City-St-Zip: BIRMINGHAM, AL 35244

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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 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 04/24/2008

Electronic Signature of Signing Officer or Director — Date