2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR

Mailing Address

5200 W. HWY C-304

3. Mailing Address

City & State

Zip

Suite, Apt. #, etc.

DOCUMENT # N98000002683

Country

6. Name and Address of Current Registered Agent

Signature, typed or printed name of registered agent and title if applicable

1. Entity Name

5200 W. HWY C-304

Principal Place of Business

SANTA ROSA BEACH FL 32459

2. Principal Place of Business

DUNE ALLEN REALTY

SANTA ROSA BEACH FL 32459

5200 W HWY C30A

Suite, Apt. #, etc.

City & State

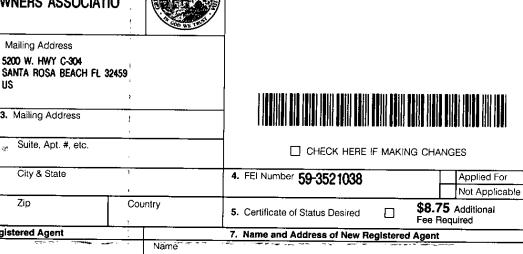
Zip

THE VILLAS AT SANTA ROSA BEACH OWNERS ASSOCIATIO



FILED Feb 20, 2003 8:00 am Secretary of State

02-20-2003 90128 041 ****61.25



City Zip Code 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

(NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing

\$5.00 May Be Added to Fees

Street Address (P.O. Box Number is Not Acceptable)

Make Check Payable to Florida Department of State

DATE

Trust Fund Contribution. 10. - OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TITLE Delete , TITLE auriz Rising Change Addition BURKE, TOM NAME Croyden Lane NAME 1579 MONROE DR., SUITE F808 STREET ADDRESS STREET ADDRESS GA 30022 Alpharetta CITY-ST-7IF atlanta ga 30324 CITY-ST-ZIP PD TITLE ☐ Delete TITLE Change Addition CRICHTON, SCOTT NAME NAME STREET ADDRESS 501 TEXAS AVE #300D STREET ADDRESS CITY-ST-ZIP SHREVEPORT LA 71101 CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition COX, CHAN NAME STREET ADDRESS P.O BOX 660847 STREET ADDRESS **BIRMINGHAM AL 35266** CITY-ST-ZIE CITY-ST-7IP Delete TITLE ☐ Change Addition **BOTT, RANDY** NAME STREET ADDRESS 795 VALLEY SUMMIT DR. STREET ADDRESS CITY-ST-ZIE **ROSWELL GA 30075** CITY-ST-ZIP TITLE ☐ Delete ☐ Change Addition NAME MITCHELL, ROYCE NAME STREET ADDRESS 247 MULBERRY STREET ADDRESS CITY-ST-ZIP MANDEVILLE LA 70471 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition LOSS, GENEVA NAME NAME STREET ADDRESS 77 CHATEAU LA TOUR STREET ADDRESS CITY-ST-ZIP KENNER LA 70065 CITY-ST-7IP

12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), 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: