

**2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N06000004189

**FILED**  
**Apr 20, 2013**  
**Secretary of State**  
**CC3527179328**

**Entity Name:** THE RESIDENCES AT ST. JAMES BAY, INC.

**Current Principal Place of Business:**

ONE EAGLES WAY  
CARRABELLE, FL 32322

**Current Mailing Address:**

ONE EAGLES WAY  
CARRABELLE, FL 32322

**FEI Number: 20-4726558**

**Certificate of Status Desired: No**

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

LEWIS, STEVE  
125 S. GADSDEN ST., STE. 300  
TALLAHASSEE, FL 32301 US

*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

**Officer/Director Detail :**

Title D  
Name CLARK, EDDIE  
Address 8340 MEADOW RD., STE. 226  
City-State-Zip: DALLAS TX 75231

Title D  
Name KLEIN, ROBERT  
Address 160 LAUGHING GULL LANE  
City-State-Zip: CARRABELLE FL 32322

Title D  
Name HATCH, STEVE  
Address 160 LAUGHING GULL LANE  
City-State-Zip: CARRABELLE FL 32322

Title S  
Name COOPER, LYNNE  
Address 160 LAUGHING GULL LANE  
City-State-Zip: CARRABELLE FL 32322

*I hereby 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 all other like empowered.*

**SIGNATURE: LYNNE COOPER**

**SECRETARY**

**04/20/2013**

Electronic Signature of Signing Officer/Director Detail

Date