

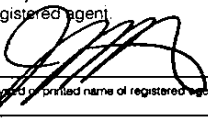
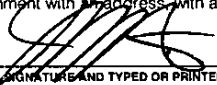


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 02, 2005 8:00 am
Secretary of State

08-02-2005 90031 037 ****61.25

DOCUMENT # 733216					
1. Entity Name ASSOCIATION OF SOUTHBAY BY THE GULF CONDOMINIUM, INC.					
Principal Place of Business 940 HWY 98 EAST P O BOX 246 DESTIN, FL 32541 US		Mailing Address 940 HWY 98 EAST P O BOX 246 DESTIN, FL 32541 US			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-2607446	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
ANDERSON, JIM 940 HWY 98 E. #66 DESTIN, FL 32541			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			FL 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  Jim Anderson					
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE					
Filing Fee is \$61.25 Due by September 7, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FOSETR, CHRISTOPHER		NAME		
STREET ADDRESS	785 CAMBRIDGE CREST LANE		STREET ADDRESS		
CITY - ST - ZIP	ALPHARETTA, GA 30005		CITY - ST - ZIP		
TITLE	P	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ANDERSON, JIM		NAME		
STREET ADDRESS	940 HWY 98 EAST #66		STREET ADDRESS		
CITY - ST - ZIP	DESTIN, FL 32541		CITY - ST - ZIP		
TITLE	TD	<input checked="" type="checkbox"/> Delete	TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BALL, JOHN		NAME	SMOUSE, THOMAS	
STREET ADDRESS	3785 NEW YORK AVE.		STREET ADDRESS	41 N. Pentenwell Circle	
CITY - ST - ZIP	DOUGLASVILLE, GA 30135		CITY - ST - ZIP	THE WOODLANDS, TX 77382	
TITLE	VP	<input checked="" type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DAVIS, JIM		NAME	Joe Davis	
STREET ADDRESS	4830 FLEETGROVE		STREET ADDRESS	1240 Butter : Egg ROAD	
CITY - ST - ZIP	MEMPHIS, TN 38117		CITY - ST - ZIP	HAZEL Green, AL. 35750	
TITLE		<input type="checkbox"/> Delete	TITLE	Sec	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	Kay Pugh	
STREET ADDRESS			STREET ADDRESS	115 Bent Oak Dr	
CITY - ST - ZIP			CITY - ST - ZIP	DOTMAN, AL. 36303	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(j), 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: 			7/29/05		837-6127
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date		Daytime Phone #