2007 NOT-FOR-PROFIT CORPORATION

ANNUAL REPORT

DOCUMENT #733216

1. Entity Name
ASSOCIATION OF SOUTHBAY BY THE GULF



FILED Apr 18, 2007 8:00 am Secretary of State 04-18-2007 90187 035 ****61.25

CONDOMINIUM, INC.						
Principal Plac 940 HWY 98 P 0 BOX 240 DESTIN, FL	6	Mailing Address 940 HWY 98 EAST P O BOX 246 DESTIN, FL 32541	ıs	700	ya ya ta	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address				
Suite, Apt. #, etc.		Suite, Apt. #, etc.		04062007	Che ND CD0E0	107 (40(0C)
City & State						37 (12/06)
City & State		City & State		4. FEI Number 59-2607		Applied For Not Applicable
Zip	Country	Zip	Country	5. Certificate of	of Status Desired	\$8.75 Additional Fee Required
	6. Name and Address of Current R	egistered Agent	Na in a	7. Name and A	Address of New Registered	Agent
ANDERSON, JIM			Name Becker+ Poliakoff			
940 HWY ! DESTIN, F			Street	ress (P.O. Box Number	is Not Acceptable)	an
•			348	3 Miracle	Strip PKW	v SW Ste-
	•		fint ,	whiten B	arch FL	Zip Code V
	named entity submits this statement for	the purpose of changing its r	egistered office or ri	egistered agent, or both	, in the State of Florida. 1 am	familiar with, and accept
the obligations of registered agent. RAYMOND F. NEWMAN.						
SIGNATURE 4-16-07						
	Signature, typed or printed name of registered agent an	d title il applicable. (NOTE:	Registered Agent signature	required when reinstating)	DATE	-
	Filing Fee Is \$61.25 Due by May 1, 2007	9. Election Cam Trust Fund Co	paign Financing ontribution.	\$5.00 May Be Added to Fees		k payable to rtment of State
10.	Due by May 1, 2007 OFFICERS AND DIRE	Trust Fund Co		Added to Fees ADDITIONS/CHA		rtment of State
TITLE	OFFICERS AND DIRE	Trust Fund Co	11.	Added to Fees ADDITIONS/CHA	Florida Depa	rtment of State
	Due by May 1, 2007 OFFICERS AND DIRE	Trust Fund Co	ontribution.	Added to Fees ADDITIONS/CHA	Florida Depa	rtment of State
TITLE NAMÉ	Due by May 1, 2007 OFFICERS AND DIRE D FOSETR, CHRISTOPHER 785 CAMBRIDGE CREST LANE ALPHARETTA, GA 30005	Trust Fund Co	11. TITLE NAME STREET ADDRESS	Added to Fees ADDITIONS/CHA Resident Bety Falls 5127 Time Kinawood	Florida Depai NGES TO OFFICERS AND D ITS Hade Or. TX 77345	rtment of State IRECTORS IN 10 Change Addition
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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.

CNATURE:

REPOSE CLEAT A PORTOR AND TO SELECT A

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR