

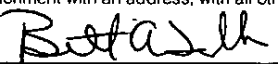


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 18, 2007 8:00 am**  
**Secretary of State**

04-18-2007 90187 035 \*\*\*\*61.25

<b>DOCUMENT # 733216</b> 1. Entity Name <b>ASSOCIATION OF SOUTHBAY BY THE GULF CONDOMINIUM, INC.</b>					
Principal Place of Business <b>940 HWY 98 EAST P O BOX 246 DESTIN, FL 32541 US</b>			Mailing Address <b>940 HWY 98 EAST P O BOX 246 DESTIN, FL 32541 US</b>		
2. Principal Place of Business - No P.O. Box # <b>same</b>		3. Mailing Address <b>same</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <b>59-2607446</b>	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>ANDERSON, JIM 940 HWY 98 E. #66 DESTIN, FL 32541</b>				7. Name and Address of New Registered Agent Name <b>Becker + Poliakoff</b> Street Address (P.O. Box Number is Not Acceptable) <b>Attn: Ray Newman 348 Miracle Strip Pkwy SW Ste 7 Ft Walton Beach FL 32548</b>	
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.  <div style="display: flex; justify-content: space-between;"> <div style="width: 40%;">           SIGNATURE   <small>Signature, typed or printed name of registered agent and title if applicable.</small> </div> <div style="width: 30%; text-align: center;"> <b>RAYMOND E. NEWMAN, JR.</b> </div> <div style="width: 30%; text-align: right;"> <b>4-16-07</b>  <small>DATE</small> </div> </div>					
<b>Filing Fee is \$61.25 Due by May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Make check payable to Florida Department of State</b>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FOSETR, CHRISTOPHER 785 CAMBRIDGE CREST LANE ALPHARETTA, GA 30005	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Betty Falls 5127 Timersshade Dr. Kingwood, TX 77345	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MEDLEY, BRUCE 715 50TH STREET COLUMBUS, GA 31904	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President Terry Tallent 900 Gulf Shore Dr # 3055 Destin, FL 32541	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD SMOUSE, THOMAS 41 N. PENTENWELL CIRCLE THE WOODLANDS, TX 77382	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer Del Reynolds 236 Winnstead Dt Leeburg, GA 31763	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DAVIS, JOE 1240 BUTTER & EGG ROAD HAZEL GREEN, AL 35750	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Wood Secretary Dane Woodard 200 Beaver Creek Lane Woodstock, GA 30189	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SEC PUGH, KAY 115 BENT OAK DR DOTHAN, AL 36303	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Joe Ochs 1262 Meadow Lea Baton Rouge, LA 70808	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director RICHARD MISTRETTA 8806 Silverhawk Drive GERMANTOWN, TN 38138	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:  - Betty A Falls President 4/9/07 281-772-5522 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					