


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 08, 2005 8:00 am
Secretary of State

03-08-2005 90182 034 ****61.25

DOCUMENT # 755471 1. Entity Name L'ATRIUM AT SANDESTIN ASSOCIATION, INC.					
Principal Place of Business 10221 EMERALD COAST PARKWAY, W 23 MIRAMAR BEACH, FL 32550 US			Mailing Address 10221 EMERALD COAST PARKWAY, W 23 MIRAMAR BEACH, FL 32550 US		
2. Principal Place of Business <i>600 Calle Escada</i>		3. Mailing Address <i>P.O. Box 6310</i>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State <i>Santa Rosa Beach, FL</i>		City & State <i>Miramar Beach, FL</i>		4. FEI Number 59-2133459	
Zip <i>32459</i>		Country <i>USA</i>		Applied For <input type="checkbox"/> Not Applicable	
Zip <i>32459</i>		Country <i>USA</i>		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent EMERALD COAST ASSOCIATION MGT. 10221 EMERALD COAST PARKWAY, W SUITE 23 MIRAMAR BEACH, FL 32550			7. Name and Address of New Registered Agent Name <i>Preston Associates Mgt. Co. Inc.</i> Street Address (P.O. Box Number is Not Acceptable) <i>600 Calle Escada</i> City <i>Santa Rosa Beach FL</i> Zip Code <i>32459</i>		
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 <i>[Signature]</i> <small>Signature, typed or printed name of registered agent and title if applicable.</small>		<i>Todd Preston for P&A</i> <small>(NOTE: Registered Agent signature required when reinstating)</small>		<i>3/3/05</i> <small>DATE</small>	
Filing Fee is \$61.25 Due by May 1, 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 NAME STREET ADDRESS CITY-ST-ZIP	PTD PUCKETT, JOHN 342 L'ATRIUM CIR. SANDESTIN, FL 32550	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD Marge Foutz 321 L'Atrium Circle Sandestin, FL 32550
				<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MULLEN, TOM 314 L'ATRIUM CIRCLE SANDESTIN, FL 32550	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP Tom Wallin 354 L'Atrium Circle Sandestin, FL 32550
				<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CURRIE, DAVID 345 L'ATRIUM CIRCLE SANDESTIN, FL 32550	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D John Keenan 350 L'Atrium Circle Sandestin, FL 32550
				<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS BROWN, ANN 325 L'ATRIUM CIR. SANDESTIN, FL 32550	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
				<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP FOUTZ, MARGE 321 L'ATRIUM CIRCLE SANDESTIN, FL 32550	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
				<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
				<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing 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 full and complete empowerment.					
SIGNATURE: <i>[Signature]</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<i>Todd Preston</i>		<i>3/3/05</i> <small>Date</small>	<i>850-622-3210</i> <small>Daytime Phone #</small>