

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 15, 2007 8:00 am
Secretary of State

03-15-2007 90020 025 ****61.25

DOCUMENT # 755471 1. Entity Name L'ATRIUM AT SANDESTIN ASSOCIATION, INC.			
Principal Place of Business L'ATRIUM CIRCLE SANDESTIN, FL 32550 US		Mailing Address P.O. BOX 6147 MIRAMAR BEACH, FL 32550 US	
2. Principal Place of Business, No P.O. Box # 12273 U.S. Hwy 98 Suite/Apt. #, etc. 208		3. Mailing Address 12273 U.S. Hwy 98 Suite/Apt. #, etc. 208	
City & State Destin, FL Zip 32550 Country US		City & State Destin Zip 32550 Country US	
4. FEI Number 59-2133459		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent WALTERS, NICOLE S 200 SANDESTIN LANE #201 MIRAMAR BEACH, FL 32550		7. Name and Address of New Registered Agent Name Jim Starnes Street Address 12273 U.S. Hwy 98, Suite 208 City Destin FL Zip Code 32550	
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 Signature, typed or printed name of registered agent and title is applicable.		DATE 2-22-07 (NOTE: Registered Agent signature required when reinstating)	
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. ☐ \$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 NAME MULLEN, TOM STREET ADDRESS 314 L'ATRIUM CIRCLE CITY-ST-ZIP SANDESTIN, FL 32550	☒ Delete	TITLE P NAME Andrea Richard STREET ADDRESS 351 L' Atrium Circle CITY-ST-ZIP Miramar Beach, FL 32550	☐ Change ☒ Addition
TITLE PD NAME WALLIN, TOM STREET ADDRESS 354 L'ATRIUM CIRCLE CITY-ST-ZIP SANDESTIN, FL 32550	☒ Delete	TITLE VD NAME Tom Mullen STREET ADDRESS 314 L' Atrium Circle CITY-ST-ZIP Miramar Beach, FL 32550	☐ Change ☒ Addition
TITLE DS NAME MATHIES, JIM STREET ADDRESS 352 L'ATRIUM CIRCLE CITY-ST-ZIP SANDESTIN, FL 32550	☒ Delete	TITLE TD NAME Thomas Wallin STREET ADDRESS 354 L' Atrium Circle CITY-ST-ZIP Miramar Beach, FL 32550	☐ Change ☒ Addition
TITLE DT NAME RICHARD, ANDREA STREET ADDRESS 351 L'ATRIUM CIRCLE CITY-ST-ZIP SANDESTIN, FL 32550	☒ Delete	TITLE SD NAME James Mathis STREET ADDRESS 352 L' Atrium Circle CITY-ST-ZIP Miramar Beach, FL 32550	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE JS NAME Jimmy Reddick STREET ADDRESS 349 L' Atrium Circle CITY-ST-ZIP Miramar Beach, FL 32550	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		DATE 2/9/07 Daytime Phone # 5544 231-445	