SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: $61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $236.25).

FILED
Aug 12, 1999 8:00 am
Secretary of State

08-12-1999 90006 004 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 756093

1. Corporation Name
VALWILLA SHORES CONDOMINIUM ASSOC., INC.

* 6 0 4 8 5 9 *
604859 - 90006 - 4

Principal Place of Business	Mailing Address
% JUNE BOHEIM P.O. BOX 928 FLGLER BEACH FL 32136	% JUNE BOHEIM P.O. BOX 928 FLGLER BEACH FL 32136

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualifed
21	26	01/29/1981
Suite, Apt. #, etc. 22 P.O. Box 1111	Suite, Apt. #, etc. 27 P.O. Box 1111	4. FEI Number 59-0673981 ☐ Applied For ☐ Not Applicable
City & State 23 Flagler Beach, FL	City & State 28 Flagler Beach, FL	5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required
Zip / Country 24 32136 25	Zip / Country 29 32136 30	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

BOHEIM, JUNE
1400 LAMBERT AVE.
PO BOX 928
FLGALER BCH FL 32136

10. Name and Address of New Registered Agent

81 Name: G. Mathew Wilson
82 Street Address (P.O. Box Number is Not Acceptable): 2680 S. Oceanshore Blvd.
83
84 City: Flagler Beach FL 85 Zip Code: 32136

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of Section 617.0503, Florida Statutes.

SIGNATURE: G. Matthew Wilson — G. Matthew Wilson — 9 Aug '99
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VD	☑ DELETE	1.1 TITLE	VD ☐ Change ☑ Addition
NAME	NOVOTNY, DOROTHY		1.2 NAME	Beverly Grisson
STREET ADDRESS	2672 S OCEANSHORE BLVD		1.3 STREET ADDRESS	1000 Turner Davis Drive
CITY-ST-ZIP	FLGLER BEACH FL 32136		1.4 CITY-ST-ZIP	Madison, FL 32340
TITLE	STD	☑ DELETE	2.1 TITLE	STD ☐ Change ☑ Addition
NAME	SIDES, RONALD G.		2.2 NAME	Richard Gallagher
STREET ADDRESS	682 RED WING DR		2.3 STREET ADDRESS	2682 S. Oceanshore Blvd.
CITY-ST-ZIP	LAKE MARY FL		2.4 CITY-ST-ZIP	Flagler Beach, FL 32136
TITLE	PD	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	WILSON, MATHEW G.		3.2 NAME	
STREET ADDRESS	2680 S OCEANSHORE BLVD		3.3 STREET ADDRESS	
CITY-ST-ZIP	FLGLER BCH FL		3.4. CITY-ST-ZIP	32136
TITLE		☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME			4. 2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	
TITLE		☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	

CR2E037 (5/99)

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: G. Matthew Wilson — REQUIRED — 6 August 99 — 904.439.9943
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #