


**2006 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jul 19, 2006 8:00 am**  
**Secretary of State**

07-19-2006 90002 003 \*\*\*\*61.25

<b>DOCUMENT # 762304</b> 1. Entity Name STING RAY CONDOMINIUM ASSOCIATION, INC.	
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Principal Place of Business 8005 SURF DR PANAMA CITY, FL 32408	Mailing Address 939 JENKE AVENUE PANAMA CITY, FL 32401
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**DO NOT WRITE IN THIS SPACE**



07062006 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-2212187	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  SHEPARD, W.M. 939 JENKS AVENUE PANAMA CITY, FL 32401
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**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

<b>Filing Fee is \$61.25 Due by September 6, 2006</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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<b>10. OFFICERS AND DIRECTORS</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS LANIER, ANN 3273 GREENHILL DR VILLA RICA, GA 30180
TITLE NAME STREET ADDRESS CITY-ST-ZIP	OPT BASARTE, JOSEPH 407 MARTINIQUE LANE NICEVILLE, FL 32578
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KRISE, MICHAEL 4054 YARDLEY CIRCLE TALLAHASSEE, FL 32309
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP MILLS, A.C. 820 WEST 8TH ST PANAMA CITY, FL 32401
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RUMBAUGH, RICHARD 1015 SHAWNE DR LAGRANGE, GA 30240
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST SHEPARD, WILLIAM M 939 JENKS AVE PANAMA CITY, FL 32401

**DO NOT WRITE  
IN THIS SPACE**

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, and all other like empowered.

<b>SIGNATURE</b>  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<b>7/14/06</b> <small>Date</small>	<b>850-769-5264</b> <small>Daytime Phone #</small>
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