2006 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# 766758

FILED May 31, 2006 Secretary of State

Entity Name: COLONIAL SHORES CONDOMINIUM ASSOCIATION OF PANAMA CITY BEACH, INC.

Current Principal Place of Business: New Principal Place of Business:

PANAMA CITY BEACH 8512 SURF DR

8512 SURF DR. PANAMA CITY BEACH, FL 32407

PANAMA CITY BEACH, FL 32407

New Mailing Address: Current Mailing Address:

P.O. BOX 5867 1800 N. ELM STREET COLUMBUS, GA 31906 HENDERSON, KY 42420

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired (X)

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

GEARY, STEPHANIE Z BENNETT, DERRICK G 101 HARRÍSON AVENUE 7102 BÉACHWOOD BLVD. PANAMA CITY BEACH, FL 32407 PANAMA CITY, FL 32401 US US

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.

SIGNATURE: DERRICK G. BENNETT 05/31/2006

> Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

(X) Change () Addition () Delete BHAIZAT, SHERMILA ERSHIG, DON R Name: Name:

148-11-87TH AVE Address: 1800 N. ELM STREET Address: City-St-Zip: BRIARWOOD, NY 11435 City-St-Zip: HENDERSON, KY 42420

Title: VD () Delete Title: VD (X) Change () Addition BERRUETA, ALVARO Name: BOSECKER, WILLIAM Name:

Address: 1155 MASTERS LN Address: 1800 N. ELM STREET City-St-Zip: SNELLVILLE, GA 30078 City-St-Zip: HENDERSON, KY 42420

Title: STD () Delete Title: SD (X) Change () Addition

ELLISON, RANDY NELSON, DAVE J Name: Name: 1800 N. ELM STREET Address: P.O. BOX 5867 Address: City-St-Zip: COLUMBUS, GA 31906 City-St-Zip: HENDERSON, KY 42420

() Change (X) Addition Title: () Delete Title: TD

MILLER, JON Name: Name:

Address: Address: 1800 N. ELM STREET City-St-Zip: City-St-Zip: HENDERSON, KY 42420

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DON R. ERSHIG PD 05/31/2006