2007 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT (AR)**

Feb 16, 2007 8:00 am Secretary of State **DOCUMENT # 769155** 1. Entity Name 02-16-2007 90033 020 ****61.25 BOOTHBAY TOWNHOUSES ASSOCIATION, INC. Principal Place of Business Mailing Address BOOTHBAY UNITS 1 TO 5 8090 EAST HWY 30A PANAMA CITY BEACH FL 32413 GARCIA, CAROL P.O. BOX 1234 INVERNESS FL 34451-1234 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E037 (10/06) City & State City & State 4. FEI Number Applied For 63-0898872 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name GARCIA, CAROL Street Address (P.O. Box Number is Not Acceptable) 10155 MOCCASIN FLOUGH RD. 1150 DADE ST **INVERNESS FL 34451** Zip Code 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 DATE Signature, typed or numbed name of registered agent and life it applicable (NOTE: Registered Agent aignature required when reinstating) FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Trust Fund Contribution. Due By May 1, 2007 Added to Fees Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11 ☐ Delete THE Change ■ Addition NAME DURWOOD, GRADY NAME STREET ADDRESS STRULT ADDRESS 2153 WATERCREST DR CHY ST-7IP COVIST ZIP AUBURN AL 36830 Change THE Delete DITE Addition NAMI GARCIA, CAROL NAMI STREET ADDRESS STREET ADDRESS 10155 MOCCASIN FLOUGH RD. CHY SI 7P CITY ST 7IP INVERNESS FL Change Delete Addition TILLE HIB Gagliano, Frances N. NAM NAM BORLAND, FRANCES N STREET ADDRESS STREET ADDRESS 1767 CHARLESTON WAY CITY ST-ZIP CHY ST ZIP **BIRMINGHAM AL 35216** ☐ Addition TITLE ☐ Delete 11111 Change NAMI STREET ADDRESS STREET ADDRESS CITY ST-ZIF CHY ST 7IP TITLE □ Defete HILL Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY S1-ZIF CITY ST ZIE TITLE Delete Ш Change ☐ Addition NAME NAMI STREET ADDRESS STREET ADDRESS

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 eath; 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.

CHY SI-7P

Danleano

2-6-07 (305)989-9314

FILED