


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 91011 015 ****61.25

DOCUMENT # N01000008898

1. Entity Name
THE FLATS AT ROSEMARY BEACH CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business
**P.O. BOX 611351
 ROSEMARY BEACH, FL 32461**

Mailing Address
**2090 INTERSTATE PARK DRIVE
 SUITE 200
 MONTGOMERY, AL 36109**

94081187



2. Principal Place of Business
Po Box 4946

3. Mailing Address
Po Box 4946

Suite, Apt. #, etc.

04262004 Chg-NP CR2E037 (10/03)

City & State
Seaside FL

4. FEI Number
02-0544910

Applied For
 Not Applicable

Zip
32459

Country
US

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
**CFRA, LLC
 ONE HARBOUR PLACE
 777 SOUTH HARBOUR ISLAND BLVD., 5TH FLOOR
 TAMPA, FL 33602-5730**

7. Name and Address of New Registered Agent
 Name **David Lenze**
 Street Address (P.O. Box Number is Not Acceptable)
9064 E. City Hwy 30 A
 City **Paranama City Beach FL** Zip Code **32413**

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 **David Lenze** **David Lenze** **4/30/04**

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

**Filing Fee is \$61.25
 Due by May 1, 2004**

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MCLEOD, P.L. JR P.O. BOX 611351 ROSEMARY BEACH, FL 32461	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD HARDWICH, ROBERT M JR P.O. BOX 611351 ROSEMARY BEACH, FL 32461	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD TUCKER, BRYAN K P.O. BOX 611351 ROSEMARY BEACH, FL 32461	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Margaret Ann Surber 391 Collier Rd Atlanta GA 30309	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Leigh Martin 1643 Harbert Ave Memphis TN 38104	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD Molly Hay 4775 Moore Rd Suwanee GA 30024	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 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: **Margaret Surber** **Margaret Surber** **4/30/04** **231-6954**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #