

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 25, 2007 8:00 am**  
**Secretary of State**

04-25-2007 90187 039 \*\*\*\*61.25

40080300



03122007 Chg-NP CR2E037 (12/06)

4. FEI Number **90-0017855** Applied For ☐ Not Applicable ☒

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

## 6. Name and Address of Current Registered Agent

GLASS, ANNE  
9200 BAYTOWNE WHARF BLVD  
STE. 337 MARKET ST.  
SANDESTIN, FL 32550

## 7. Name and Address of New Registered Agent

Name \_\_\_\_\_  
Street Address (P.O. Box Number is Not Acceptable) \_\_\_\_\_  
City \_\_\_\_\_ FL 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 \_\_\_\_\_  
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, 2007**

9. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**

**Make check payable to  
Florida Department of State**

## 10. OFFICERS AND DIRECTORS

TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	BABCOCK, ROB	
STREET ADDRESS	9300 EMERALD COAST PARKWAY WEST	
CITY-ST-ZIP	SANDESTIN, FL 325507268	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	ARMSTRONG, ED	
STREET ADDRESS	PO BOX 99	
CITY-ST-ZIP	FREEPORT, FL 32439	
TITLE	TD	<input type="checkbox"/> Delete
NAME	WELLS, MIKE	
STREET ADDRESS	9300 EMERALD COAST PKWY	
CITY-ST-ZIP	MIRAMAR BEACH, FL 32550	
TITLE	PD	<input type="checkbox"/> Delete
NAME	GLASS, ANNE	
STREET ADDRESS	1600 WINGFIELD DRIVE	
CITY-ST-ZIP	BIRMINGHAM, AL 35242	
TITLE	D	<input type="checkbox"/> Delete
NAME	MERK, NANCY	
STREET ADDRESS	605 AVENIDA A CAPULEO	
CITY-ST-ZIP	SAN CLEMENTE, CA 92672	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Todd Zanner	
STREET ADDRESS	9300 Emerald Coast Parkway	
CITY-ST-ZIP	Sandestin, FL 32550	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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, with all other files empowered.

**SIGNATURE:** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-16-06

Date

Daytime Phone #