2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2008
Secretary of State

DOCUMENT# N02000004472

Entity Name: WALTON COUNTY PROPERTY OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

21 NORTH SPOOKY LANE
SANTA ROSA BEACH, FL 32459

New Principal Place of Business:

24200 U S HWY 331 S
SANTA ROSA BEACH, FL 32459

Current Mailing Address:

P O BOX 2452
SANTA ROSA BEACH, FL 32459

New Mailing Address:

FEI Number: 41-2080970 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

STAFFORD, RICHARD E
3812 W CO HWY 30-A
SANTA ROSA BEACH, FL 32459 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: PERRY, MIKEL LEE
Address: 303 GULF SHORE DRIVE
City-St-Zip: SANTA ROSA BEACH, FL 32459

Title: D ( ) Delete
Name: SCHISSLER, WILLIAM H
Address: 113 LOGAN LANE
City-St-Zip: SANTA ROSA BEACH, FL 32459

Title: D ( ) Delete
Name: STAFFORD, RICHARD E
Address: 3812 W. COUNTY ROAD30-A
City-St-Zip: SANTA ROSA BEACH, FL 32459

Title: D/C ( ) Delete
Name: BLUE, F L
Address: 278 GRAYTON TRAIL
City-St-Zip: SANTA ROSA BEACH, FL 32459

Title: D ( ) Delete
Name: RHODES, JACK R
Address: 21 NORTH SPOOKY LANE
City-St-Zip: SANTA ROSA BEACH, FL 32459

Title: S ( ) Delete
Name: WATSON, FRANKLIN H
Address: 12 BIRMINGHAM ST
City-St-Zip: SANTA ROSA BEACH, FL 32459

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition
Name: PERRY, MIKEL LEE
Address: P O BOX 450
City-St-Zip: FREEPORT, FL 32439

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: D/C (X) Change ( ) Addition
Name: BLUE, F L
Address: P O BOX 1569
City-St-Zip: SANTA ROSA BEACH, FL 32459

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: F L BLUE JR DC 04/28/2008

Electronic Signature of Signing Officer or Director — Date