2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 12, 2005
Secretary of State

DOCUMENT# N02000005329

Entity Name: MACK BAYOU POINTE ASSOCIATION OF DESTIN INC.

Current Principal Place of Business:

10859 EMERALD COAST PKWY WEST
204 PMB 125
DESTIN, FL 32550 US

New Principal Place of Business:

Current Mailing Address:

10859 EMERALD COAST PKWY WEST
204 PMB 125
DESTIN, FL 32550 US

New Mailing Address:

FEI Number: 13-4260335 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

RIDLEY, LYNLEE
43 BEACON WAY
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: S ( ) Delete
Name: RIDLEY, LYNLEE
Address: 43 BEACON WAY
City-St-Zip: SANTA ROSA BEACH, FL 32459

Title: P (X) Delete
Name: WARD, JARED
Address: 242 BEACON WAY
City-St-Zip: SANTA ROSA BEACH, FL 32459

Title: ML ( ) Delete
Name: HERBERMAN, SHEILA
Address: 216 BEACON WAY
City-St-Zip: SANTA ROSA BEACH, FL 32459

Title: T ( ) Delete
Name: CUSHING, KAREN
Address: 55 INLET DR
City-St-Zip: SANTA ROSA BEACH, FL 32459

Title: VP ( ) Delete
Name: ERICKSEN, WAYNE
Address: 388 BEACON WAY
City-St-Zip: SANTA ROSA BEACH, FL 32459

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

Title: P (X) Change ( ) Addition
Name: ERICKSEN, WAYNE
Address: 388 BEACON WAY
City-St-Zip: SANTA ROSA BEACH, FL 32459

I hereby certify that the information supplied with this filing does not qualify for the 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 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: RIDLEY, LYNLEE S 05/12/2005
Electronic Signature of Signing Officer or Director — Date