

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 13, 2008 8:00 am**  
**Secretary of State**

03-13-2008 90030 005 \*\*\*\*61.25

<b>DOCUMENT # N02000006555</b>						
<b>1. Entity Name</b> ROLLIN TIDE VILLAS CONDOMINIUM OWNERS ASSOCIATION, INC.						
<b>Principal Place of Business</b> 82 SUGAR SANDS LANE #A-13 SANTA ROSA BEACH, FL 32459 US			<b>Mailing Address</b> 82 SUGAR SANDS LANE #A-13 SANTA ROSA BEACH, FL 32459			
<b>2. Principal Place of Business - No P.O. Box #</b>		<b>3. Mailing Address</b>				
Suite, Apt. #, etc.		Suite, Apt. #, etc.				
City & State		City & State				
Zip	Country	Zip	Country	<b>4. FEI Number</b> 56-2300314		
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>		
<b>6. Name and Address of Current Registered Agent</b>  TARVER, LOYD 180 CULLMAN AVE. SANTA ROSA BEACH, FL 32459			<b>7. Name and Address of New Registered Agent</b>  Name Street Address (P.O. Box Number is Not Acceptable) City			
FL			Zip Code			
<b>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.</b>						
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>						
<b>Filing Fee is \$61.25 Due by May 1, 2008</b>		<b>9. Election Campaign Financing Trust Fund Contribution.</b> <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>		
<b>Make check payable to Florida Department of State</b>						
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>			
<b>TITLE</b> P	<b>NAME</b> WILLIAMS, GARETH		<input checked="" type="checkbox"/> Delete	<b>TITLE</b> S D	<b>NAME</b> Jennifer McBillis	
<b>STREET ADDRESS</b> 1565 BLOCKFORD COURT EAST	<b>STREET ADDRESS</b> TALLAHASSEE, FL 32317		<input type="checkbox"/> Change	<b>STREET ADDRESS</b> 2641 English Oaks Lane	<b>STREET ADDRESS</b> Kennesaw, GA 30144	
<b>CITY-ST-ZIP</b>	<b>CITY-ST-ZIP</b>		<input type="checkbox"/> Change	<b>CITY-ST-ZIP</b>	<b>CITY-ST-ZIP</b>	
<b>TITLE</b> VD	<b>NAME</b> WARREN, MARISSA L		<input checked="" type="checkbox"/> Delete	<b>TITLE</b> V D	<b>NAME</b> Blanche Dame	
<b>STREET ADDRESS</b> 120 BRAXTON LANE WEST	<b>STREET ADDRESS</b> HENDERSONVILLE, TN 37075		<input type="checkbox"/> Change	<b>STREET ADDRESS</b> 5500 Rock Bluff, NE	<b>STREET ADDRESS</b> Comstock Park, ME 49321	
<b>CITY-ST-ZIP</b>	<b>CITY-ST-ZIP</b>		<input type="checkbox"/> Change	<b>CITY-ST-ZIP</b>	<b>CITY-ST-ZIP</b>	
<b>TITLE</b> S	<b>NAME</b> JOHNSON, CAROLE		<input checked="" type="checkbox"/> Delete	<b>TITLE</b>	<b>NAME</b>	
<b>STREET ADDRESS</b> 603 PEBBLE CREEK LANE	<b>STREET ADDRESS</b> ENTERPRISE, AL 36330		<input type="checkbox"/> Change	<b>STREET ADDRESS</b>	<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	<b>CITY-ST-ZIP</b>		<input type="checkbox"/> Change	<b>CITY-ST-ZIP</b>	<b>CITY-ST-ZIP</b>	
<b>TITLE</b> T	<b>NAME</b> ASHDOWN, GORDON		<input type="checkbox"/> Delete	<b>TITLE</b>	<b>NAME</b>	
<b>STREET ADDRESS</b> 1 WARDBROOK ST, POUNDBURY	<b>STREET ADDRESS</b> DORCHESTER, DORSE UK DT13GQ,		<input type="checkbox"/> Change	<b>STREET ADDRESS</b>	<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	<b>CITY-ST-ZIP</b>		<input type="checkbox"/> Change	<b>CITY-ST-ZIP</b>	<b>CITY-ST-ZIP</b>	
<b>TITLE</b> D	<b>NAME</b> LYDICK, WILLIAM		<input type="checkbox"/> Delete	<b>TITLE</b> V, D	<b>NAME</b>	
<b>STREET ADDRESS</b> 396 PAGE DR	<b>STREET ADDRESS</b> MOUNT JULIET, TN 37122		<input type="checkbox"/> Change	<b>STREET ADDRESS</b>	<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	<b>CITY-ST-ZIP</b>		<input type="checkbox"/> Change	<b>CITY-ST-ZIP</b>	<b>CITY-ST-ZIP</b>	
<b>TITLE</b> D	<b>NAME</b> WEST, MATT		<input type="checkbox"/> Delete	<b>TITLE</b> P, D	<b>NAME</b>	
<b>STREET ADDRESS</b> 565 TAHOMA DRIVE	<b>STREET ADDRESS</b> ATLANTA, GA 30350		<input type="checkbox"/> Change	<b>STREET ADDRESS</b>	<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	<b>CITY-ST-ZIP</b>		<input type="checkbox"/> Change	<b>CITY-ST-ZIP</b>	<b>CITY-ST-ZIP</b>	
<b>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 like empowered.</b>						
<b>SIGNATURE:</b> <u>Matt West</u> <u>MATT WEST</u> <u>3/10/08</u> <u>(404) 231-7796</u>						
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>						