

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 18, 2006 8:00 am**  
**Secretary of State**

01-18-2006 90025 007 \*\*\*\*61.25

<b>DOCUMENT # N03000002667</b>					
<b>1. Entity Name</b> SCALLOP COVE VILLAS OWNER'S ASSOCIATION, INC.					
<b>Principal Place of Business</b> 6112 CAPE SAN BLAS RD PORT ST. JOE, FL 32456			<b>Mailing Address</b> P.O. BOX 83 PORT ST JOE, FL 32457		
<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	01162006    Chg-NP    CR2E037 (11/05)	
<b>4. FEI Number</b> 13-4247808				Applied For <input type="checkbox"/> Not Applicable	
<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>			<b>7. Name and Address of New Registered Agent</b>		
DODSWORTH, SHERRI 7190 LEEWARD ST PORT SAINT JOE, FL 32456			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, 2006</b>		<b>9. Election Campaign Financing Trust Fund Contribution.</b> <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</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> WESTON, CHARLES <b>STREET ADDRESS</b> 6112 CAPE SAN BLAS RD. <b>CITY-ST-ZIP</b> PORT SAINT JOE, FL 32456	<input checked="" type="checkbox"/> Delete				
<b>TITLE</b> VP <b>NAME</b> DODSWORTH, ROD <b>STREET ADDRESS</b> P.O. BOX 734 <b>CITY-ST-ZIP</b> PORT SAINT JOE, FL 32457	<input checked="" type="checkbox"/> Delete				
<b>TITLE</b> ●T <b>NAME</b> DODSWORTH, SHERRI <b>STREET ADDRESS</b> P.O. BOX 83 <b>CITY-ST-ZIP</b> PORT SAINT JOE, FL 32457	<input type="checkbox"/> Delete				
<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b> 	<input type="checkbox"/> Delete				
<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b> 	<input type="checkbox"/> Delete				
<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b> 	<input type="checkbox"/> Delete				
<b>TITLE</b> P <b>NAME</b> RIDLEY, JEFF <b>STREET ADDRESS</b> 208 HARRISON PLACE <b>CITY-ST-ZIP</b> PANAMA CITY, FL 32405	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition				
<b>TITLE</b> T <b>NAME</b> DODSWORTH, SHERRI <b>STREET ADDRESS</b> 7190 LEEWARD ST. <b>CITY-ST-ZIP</b> PORT ST. JOE, FL 32452	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition				
<b>TITLE</b> S <b>NAME</b> WESTON, BETTY RAY <b>STREET ADDRESS</b> 6112 CAPE SAN BLAS RD <b>CITY-ST-ZIP</b> PORT ST. JOE, FL 32452	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition				
<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: SHERRI DODSWORTH, TREASURER &amp; REGISTERED AGENT 1-16-06 850-227-5197</b>					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #</small>					