


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 22, 2007 8:00 am
Secretary of State

03-22-2007 90003 038 ****61.25

DOCUMENT # N03000002667		
1. Entity Name SCALLOP COVE VILLAS OWNER'S ASSOCIATION, INC.		

Principal Place of Business 6112 CAPE SAN BLAS RD PORT ST. JOE, FL 32456	Mailing Address P.O. BOX 83 PORT ST JOE, FL 32457
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2. Principal Place of Business, No P.O. Box # 154 Cove Road	3. Mailing Address 208 Harrison Place
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Port St. Joe, FL	City & State Panama City, FL
Zip 32456	Zip 32405
Country US	Country US



01122007 Chg-NP CR2E037 (12/06)

6. Name and Address of Current Registered Agent DODSWORTH, SHERRI 7190 LEEWARD ST PORT SAINT JOE, FL 32456	
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7. Name and Address of New Registered Agent	
Name Annette Ridley	Applied For <input type="checkbox"/> Not Applicable
Street Address (P.O. Box Number is Not Acceptable) 208 Harrison Place	
City Panama City	Zip Code FL 32405

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 *Annette Ridley* **Annette Ridley, Treasurer** **3/20/07**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reconstituting) DATE

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T DODSWORTH, SHERRI 7190 LEEWARD ST PORT ST. JOE, FL 32452 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P RIDLEY, JEFF 208 HARRISON PL PANAMA CITY, FL 32405 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S WESTON, BETTY R 6112 CAPE SAN BLAS RD PORT ST. JOE, FL 32452 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer Annette Ridley 208 Harrison Place Panama City, FL 32405 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President Ron Morrow 98 Rose Lane Franklin, NC 28734 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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.

SIGNATURE: *Annette Ridley* **Annette Ridley, Treasurer** **3/20/07** **850-914-9113**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #