

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 20, 2008 8:00 am
Secretary of State

02-20-2008 90008 021 ****61.25

DOCUMENT # N03000002667

1. Entity Name

SCALLOP COVE VILLAS OWNER'S ASSOCIATION, INC.



Principal Place of Business

154 COVE ROAD
PORT ST. JOE, FL 32456

Mailing Address *Harrison*

208 HARRISON PLACE
PANAMA CITY, FL 32405

40020000



02102008 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number

13-4247808

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

RIDLEY, ANNETTE *Harrison*
208 HARRISON PLACE
PANAMA CITY, FL 32405

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IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

2/11/08

Filing Fee is \$61.25
Due by May 1, 2008

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
T
RIDLEY, ANNETTE
208 HARRISON PLACE
PANAMA CITY, FL 32405

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
RIDLEY, JEFF
208 HARRISON PL
PANAMA CITY, FL 32405

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
S
WESTON, BETTY R
6112 CAPE SAN BLAS RD
PORT ST. JOE, FL 32452

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
V
MORROW, RON
98 ROSE LANE
FRANKLIN, NC 28734

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/11/08

Date

850-914-9146

Daytime Phone #