

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

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

**DO NOT WRITE IN THIS SPACE**

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

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

40060000



02102008 No Chg-NP CR2E037 (4/06)

4. FEI Number 13-4247808	Applied For Not Applicable
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5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

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

**DO NOT WRITE  
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 *M. A. Ridley*

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

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

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

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

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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: *M. A. Ridley*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*2/11/08 850-914-9146*

Daytime Phone #

**DO NOT WRITE  
IN THIS SPACE**