

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 23, 2007 8:00 am**  
**Secretary of State**

02-23-2007 90033 025 \*\*\*\*70.00

|  |   |  |  |
|--|---|--|--|
| <b>DOCUMENT # N03000002716</b><br>1. Entity Name<br>THE ESTUARY OWNERS' ASSOCIATION, INC.  |   |   |  |
| Principal Place of Business<br>110 MARKET STREET<br>SUITE 202<br>PANAMA CITY BEACH, FL 32413   |   | Mailing Address<br>110 MARKET STREET<br>SUITE 202<br>PANAMA CITY BEACH, FL 32413   |  |
| 2. Principal Place of Business No P.O. Box #<br>7 Town Center Loop<br>Suite, Apt. #, etc. Unit C16<br>City & State Santa Rosa Beach, FL<br>Zip 32459 Country   |   | 3. Mailing Address<br>P.O. Box 1247<br>Suite, Apt. #, etc.<br>City & State Santa Rosa Beach, FL<br>Zip 32459 Country             |  |
|  |   |    |  |
|  |   | 01152007 Chg-NP CR2E037 (12/06)  |  |
| 4. FEI Number<br>06-1704194  |   | Applied For<br><input type="checkbox"/> Not Applicable   |  |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required  |   |  |  |
| 6. Name and Address of Current Registered Agent<br><br>WATSON, FRANKLIN H P.A.<br>5365 E CTY HWY 30-A STE 105<br>SEAGROVE BEACH, FL 32459  |   | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br>FL Zip Code |  |
| 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____  |   |  |  |
| <b>Filing Fee is \$61.25<br/>Due by May 1, 2007</b>  |   | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees                     |  |
| <b>Make check payable to<br/>Florida Department of State</b>   |   |  |  |
| <b>10. OFFICERS AND DIRECTORS</b>  |   | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | D<br>BARTON, PETER J<br>5399 E COUNTY HWY 30-A, BOX 190<br>SEAGROVE BEACH, FL 32459 | <input type="checkbox"/> Delete  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | D<br>WATSON, FRANKLIN H<br>5365 E CTY. HWY 30-A STE 105<br>SEAGROVE BEACH, FL 32459 | <input type="checkbox"/> Delete  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | D<br>HAMMET, BEN HAY JR<br>3797 INDIAN TR<br>DESTIN, FL 32541                       | <input type="checkbox"/> Delete  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |   | <input type="checkbox"/> Delete  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |   | <input type="checkbox"/> Delete  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |   | <input type="checkbox"/> Delete  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |   | <input type="checkbox"/> Delete  |  |
| 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>SIGNATURE:</b>   |   | 1/25/07 850-230-1031   |  |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   |   | Date Daytime Phone #   |  |