

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

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

02-20-2008 90003 041 \*\*\*\*70.00

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01042008 Chg-NP CR2E037 (12/06)

<b>DOCUMENT # N03000002716</b> 1. Entity Name THE ESTUARY OWNERS' ASSOCIATION, INC.					
Principal Place of Business 7 TOWN CENTER LOOP UNIT C16 SANTA ROSA BEACH, FL 32459			Mailing Address PO BOX 1247 SANTA ROSA BEACH, FL 32459		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 06-1704194	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent  WATSON, FRANKLIN H P.A. 5365 E CTY HWY 30-A STE 105 SEAGROVE BEACH, FL 32459			7. Name and Address of New Registered Agent Name <u>Cindy Stenberg</u> Street Address (P.O. Box Number is Not Acceptable) <u>7 Town Center Loop # C16</u> City <u>Santa Rosa Beach</u> FL <u>32459</u>		
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 <u>Cynthia Stenberg</u> DATE <u>2/12/2008</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b> <b>Make check payable to Florida Department of State</b>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BARTON, PETER J 5399 E COUNTY HWY 30-A, BOX 190 SEAGROVE BEACH, FL 32459	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WATSON, FRANKLIN H 5365 E CTY. HWY 30-A STE 105 SEAGROVE BEACH, FL 32459	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HAMMET, BEN HAY JR 3797 INDIAN TR DESTIN, FL 32541	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
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: <u>Constance R Lang</u> <u>2/6/08</u> <u>8502678458</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small> <u>Assoc. Mgr./Agent for Estuary Owners Assoc. BOB</u>					