

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 14, 2007 8:00 am
Secretary of State

03-14-2007 90028 028 ****61.25

DOCUMENT # N03000004213					
1. Entity Name SOUTH WALTON BUSINESS CENTER OWNERS ASSOCIATION, INC.					
Principal Place of Business 505 MUSSETT BAYOU RD SANTA ROSA BEACH, FL 32459			Mailing Address 505 MUSSETT BAYOU RD SANTA ROSA BEACH, FL 32459		
2. Principal Place of Business - No P.O. Box # 605 N. CO. HWY 393 Unit 16-B		3. Mailing Address PO Box 1873			
Suite, Apt. #, etc. Suite 2		Suite, Apt. #, etc.			
City & State Santa Rosa Beach, FL		City & State Santa Rosa Beach, FL		4. FEI Number 13-4248288	
Zip 32459		Country USA		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent GRANTHAM, ROBERT E SR 505 MUSSETT BAYOU ROAD SANTA ROSA BEACH, FL 32459			7. Name and Address of New Registered Agent Name: <u>Michael Grantham</u> Street Address (P.O. Box Number is Not Acceptable): <u>505 Mussett Bayou Rd</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>Michael Grantham</u> DATE: <u>3-3-07</u> (NOTE: Registered Agent signature required when reappointing)					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing ☐ \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE PD	NAME GRANTHAM, ROBERT	☒ Delete	TITLE S	NAME Robert Grantham	☒ Change ☐ Addition
STREET ADDRESS 505 MUSSETT BAYOU RD	CITY-ST-ZIP SANTA ROSA BEACH, FL 32459		STREET ADDRESS 505 Mussett Bayou Rd	CITY-ST-ZIP Santa Rosa Beach, FL 32459	
TITLE PD	NAME Grantham, Michael	☐ Delete	TITLE P	NAME Michael Grantham	☐ Change ☒ Addition
STREET ADDRESS 505 Mussett Bayou Rd	CITY-ST-ZIP Santa Rosa Beach, FL 32459		STREET ADDRESS 505 Mussett Bayou Rd.	CITY-ST-ZIP Santa Rosa Beach, FL 32459	
TITLE 	NAME 	☐ Delete	TITLE VP	NAME Todd Oden	☐ Change ☒ Addition
STREET ADDRESS 	CITY-ST-ZIP 		STREET ADDRESS 605 N. CO. HWY 393 Unit 10	CITY-ST-ZIP Santa Rosa Beach, FL 32459	
TITLE 	NAME 	☐ Delete	TITLE 	NAME 	☐ Change ☐ Addition
STREET ADDRESS 	CITY-ST-ZIP 		STREET ADDRESS 	CITY-ST-ZIP 	
TITLE 	NAME 	☐ Delete	TITLE 	NAME 	☐ Change ☐ Addition
STREET ADDRESS 	CITY-ST-ZIP 		STREET ADDRESS 	CITY-ST-ZIP 	
TITLE 	NAME 	☐ Delete	TITLE 	NAME 	☐ Change ☐ Addition
STREET ADDRESS 	CITY-ST-ZIP 		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>Michael Grantham</u>			3-3-07 850-596-2458		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		