2006 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT**

Apr 10, 2006 8:00 am Secretary of State DOCUMENT # N03000004962 04-10-2006 90319 011 ****61.25 GRAND ISLE AT SEAGROVE BEACH, INC. Principal Place of Business Mailing Address 5399 E HWY C30-A 5399 E HWY C30-A SANTA ROSA BCH, FL 32459 SANTA ROSA BCH, FL 32459 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. 01122006 Chg-NP CR2E037 (11/05) 4. FEI Number 32-0083323 Applied For City & State City & State Not Applicable Country Zip 💡 Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent COFFIELD, P. COLLEEN Street Address (P.O. Box Number is Not Acceptable) 1719 S COUNTY HWY 393 SANTA ROSA BCH, FL 32459 Zip Code FL 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. 3/20/06 DATE SIGNATURE ed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) Make check payable to Filing Fee is \$61.25 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Florida Department of State Due by May 1, 2006 Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. TITLE D ☐ Defete TITLE ☐ Change ☐ Addition BAKANE, MARK NAME NAME STREET ADDRESS 5399 E HWY C30-A STREET ADDRESS CITY-ST-ZIP SANTA ROSA BCH, FL 32459 CITY-ST-ZIP D TITLE ☐ Delete TITLE ☐ Change ☐ Addition RYMER, TOM STREET ADDRESS 4281 EAST CO. HWY, 30A STREET ADDRESS SANTA ROSA BCH, FL 32459 CITY-ST-ZIP CITY-ST-ZIP TERRY DUNN D Change TITLE Delete BUCKLE, JIM NAME NAME STREET ADDRESS 29 CHELSEA LOOP STREET ADDRESS GADSdeN, Al 35907 SANTA ROSA BEACH, FL 32459 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7/P ☐ Addition TITLE ☐ Defete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.

NAME

STREET ADDRESS

CITY-ST-ZIP

NAME

STREET ADDRESS CITY-ST-7IP

mak Bakne

□ Delete

850-231-6672

■ Addition

FILED