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

SIGNATURE

Apr 17, 2006 8:00 am Secretary of State DOCUMENT # N03000005279 04-17-2006 90387 005 ****61.25 SEA WALK OWNERS ASSOCIATION, INC. Principal Place of Business Mailing Address 95035 SEAWALK COURT 95035 SERWALK COURT HUUUTIEH FERNANDINA BEACH, FL: 32034 FERNANDINA BEACH, FL 32034 2. Principal Place of Business 95002 Seawalk Ct 3. Mailing Address 95002 SeavalleCt Suite, Apt. #, etc. Suite, Apt. #, etc. 03192006 CR2E037 (11/05) Ame (ia City & State 4. FEI Number 59-3743674 Applied For Amelia Island 15 and Not Applicable Zip Zip \$8.75 Additional 5. Certificate of Status Desired 32034 32034 NZO 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Lawrence WILLIAMS, JOHN --Street Address (P.O. Box Number is Not Acceptable), 95036 Seawalk C+ 95035-SEAWALK COURT-FERNANDINA BEACH, FL 32034 3 2034 melia Island 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. 4-10-2006 SIGNATURE ed agent and title if applicable Filing Fee is \$61,25 9. Election Campaign Financing Make check payable to \$5.00 May Be Trust Fund Contribution. Due by May 1, 2006 Added to Fees Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 MRF Delete TITLE PRESIDENT Change ■ Addition MENICK, CANRONES 95036 Seawalk C+ WILLIAMS, JOHN NAME NAME STREET ADDRESS 95035 SEAWALK STREET ADDRESS CITY-ST-ZIP FERNANDINA BEACH, FL 32034 CITY-ST-7P AMEZIA ISLAND VΡ VPRESIDENT Mc CARRON, DONACD TITLE Delete TITLE Change Addition PETRO, PETER NAME NAME STREET ADDRESS 95047 SEAWALK COURT STREET ADDRESS 95048 Serwelk Amelia Island, CITY-ST-7/P FERNANDINA BEACH, FL 32034 CITY-ST-ZIP 32034 TITLE Delete TITLE EC/TREAS NAME GIBSON, SUSAN BRENDLE, KENNETH NAME STREET ADDRESS 95011 SEAWALK COURT STREET ADDRESS JEAWALK CT. CITY-ST-ZP FERNANDINA BEACH, FL 32034 CITY-ST-ZIP AMELIA ISCAND 32034 TILE Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7/P Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DDF Delete TITLE ☐ Change ■ Addition NAME MALAF STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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 repetiver 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 attact the statutes are considered. LAWRENCE MELLICK PROS

FILED