

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2007 8:00 am
Secretary of State

04-26-2007 90204 001 ****70.00

DOCUMENT # N03000005351					
1. Entity Name THE GRAND SANDESTIN AT BAYTOWNE WHARF CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 9500 GRAND SANDESTIN BOULEVARD SANDESTIN, FL 32550-7268			Mailing Address PO BOX 6190 MIRAMAR BEACH, FL 32550		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address		03122007 Chg-NP CR2E037 (12/06)	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number 65-1196714	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip		Country		Zip	
Country		Country		Applied For Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
NICHOLS, JOHN 9500 GRAND SANDESTIN BLVD, #2705 SANDESTIN, FL 32550				Name Street Address (P.O. Box Number is Not Acceptable) City 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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 D NAME BABCOCK, ROB STREET ADDRESS 9300 EMERALD COAST PARKWAY WEST CITY-ST-ZIP SANDESTIN, FL 325507268	<input checked="" type="checkbox"/> Delete		TITLE D NAME Rick Benson STREET ADDRESS 4300 Emerald Coast Pkwy CITY-ST-ZIP Miramar Beach FL 32550	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE DP NAME NICHOLS, JOHN STREET ADDRESS 112 MARINGOUIN LANE CITY-ST-ZIP MANDEVILLE, LA 70471	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS 1477 Baytowne Ave E CITY-ST-ZIP Miramar Beach 32550	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE D NAME FISHER, ROBERT STREET ADDRESS 2929 LAKE PARK RD. CITY-ST-ZIP BIRMINGHAM, AL 35242	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE DT NAME HAWKINS-KIMMELL, ANDREW STREET ADDRESS 600 17TH STREET SUITE 1800 N CITY-ST-ZIP DENVER, CO 80202	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE DV NAME WOULDRIDGE, BUDDY STREET ADDRESS 3817 OLD CHARLOTTE PIKE CITY-ST-ZIP FRANKLIN, TN 37069	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <i>Rick Benson</i>			Rick Benson 4/17/07 850-534-4509		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		