

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000006230

FILED
Apr 26, 2007
Secretary of State

Entity Name: OWNERS' ASSOCIATION OF THE RESERVATION, INC.

Current Principal Place of Business:

209 7TH STREET
PORT ST. JOE, FL 32456

New Principal Place of Business:

224 7TH STREET
PORT ST. JOE, FL 32456

Current Mailing Address:

209 7TH STREET
PORT ST. JOE, FL 32456

New Mailing Address:

224 7TH STREET
PORT ST. JOE, FL 32456

FEI Number: 90-0222537

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GIBSON, THOMAS S
116 SAILORS COVE DRIVE
PORT ST. JOE, FL 32456 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: VICKERS, JENNIE
Address: 209 7TH STREET
City-St-Zip: PORT ST. JOE, FL 32456

Title: DV () Delete
Name: DAKE, JIM
Address: 209 7TH STREET
City-St-Zip: PORT ST. JOE, FL 32456

Title: DST () Delete
Name: PARKER, TERRI
Address: 209 7TH STREET
City-St-Zip: PORT ST. JOE, FL 32456

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change () Addition
Name: VICKERS, JENNIE
Address: 428 EAST BEACH DRIVE
City-St-Zip: PANAMA CITY, FL 32401 US

Title: DV (X) Change () Addition
Name: DAKE, JIM
Address: 2407 JENKS AVENUE
City-St-Zip: PANAMA CITY, FL 32405 US

Title: DST (X) Change () Addition
Name: DUFFY, LOUISE
Address: 2416 HYDE MANOR DRIVE
City-St-Zip: ATLANTA, GA 30327 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JENNIE VICKERS

P

04/26/2007

Electronic Signature of Signing Officer or Director

Date