2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

May 02, 2006 8:00 am Secretary of State DOCUMENT # N03000007210 1. Entity Name 05-02-2006 90145 042 ****61.25 EAST BAY PRESERVE AND YACHT CLUB OWNERS ASSOCIATION, INC. Principal Place of Business Mailing Address 4460 LEGENDARY DRIVE SUITE 100 4460 LEGENDARY DRIVE SUITE 100 DESTIN FL 32541 DESTIN FL 32541 2. Principal Place of Business 3. Mailing Address 6724 YARLY Clus 6724 Yacht (Ins br 1st MOORE CR2E037 (10/05) Panama City City & State City & State 4. FEI Number Applied For 56-2416948 Not Applicable Ζıp Country \$8.75 Additional 5. Certificate of Status Desired 32404 USA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Romid <u>Steen-sland</u> BLUE, ROB JR. 221 MCKENZIE AVENUE PANAMA CITY FL Street Address (P.O. Box Number is Not Acceptable) Panama City Zip Code 32404 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 muld P. Strensland 20 April OL SIGNATURE 1 100 FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Make Check Payable to \$5.00 May Be "Due By May 1, 2006" Trust Fund Contribution. Added to Fees Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. President Delete THILE TITLE Addition RIGGS, STEPHEN C III NAME NAME Bruce White 4319 Cape Son Blas Rd 4460 LEGENDARY DRIVE, SUITE 100 STREET ADDRESS STREET ADDRESS DESTIN FL 32541 CTTY-ST-ZIP CITY-ST-789 Port St. Joe. FL 3245L HILE Delete Vice - President TITLE Change ■ Addition RIGGS, STEPHEN C IV NAME Elizabeth Necl 6707 YARLY Club Dr 4460 LEGENDARY DRIVE, SUITE 100 STREET ADDRESS STREET ADDRESS QESTIN FL 3254 Parama City FL 32404 C07-S1-79 CITY-ST-ZIP Sec / Tressuce πпе ☐ Delete JITLE ☐ Change Addition Round P. Steensland NAME NAME STREET ADDRESS STREET ADDRESS 6724 York+ Clas Dr CITY-ST-ZIP CITY-ST-ZIP Anoma City, FL 32404 Defete ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

FILED

SIGNATURE: Follow P. Streensland 20 April OL 850-215-6373

if changed, or on an attachment with an address, with all other like empowered

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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