2006 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
Aug 25, 2006
Secretary of State

DOCUMENT# N03000007752

Entity Name: OCEAN RITZ OWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

502 HARMON AVE.
PANAMA CITY, FL 32401

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 609
HIXSON, TN 37343

New Mailing Address:

FEI Number: 20-1878209 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WILLIAMS, JACK G
502 HARMON AVE.
PANAMA CITY, FL 32401 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: PD ( ) Delete
Name: WILLIAMS, JACK G
Address: 502 HARMON AVE.
City-St-Zip: PANAMA CITY, FL 32401

Title: VD ( ) Delete
Name: PRUE, DAWN M
Address: 502 HARMON AVE.
City-St-Zip: PANAMA CITY, FL 32401

Title: STD ( ) Delete
Name: HORNSBY, KAREN
Address: 502 HARMON AVE.
City-St-Zip: PANAMA CITY, FL 32401

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PSD (X) Change ( ) Addition
Name: HARBOUR, C B
Address: 243 SIGNAL MOUNTAIN ROAD, STE. M
City-St-Zip: CHATTANOOGA, TN 37405 US

Title: D (X) Change ( ) Addition
Name: CHILDRESS, GLENDA
Address: 243 SIGNAL MOUNTAIN ROAD, STE. M
City-St-Zip: CHATTANOOGA, TN 37405 US

Title: D (X) Change ( ) Addition
Name: CHANDLER, ROBERT
Address: 243 SIGNAL MOUNTAIN ROAD, STE. M
City-St-Zip: CHATTANOOGA, TN 37405 US

I hereby certify that the information supplied with this filing does not qualify for the 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: C.B. HARBOUR, III P 08/25/2006

Electronic Signature of Signing Officer or Director — Date