

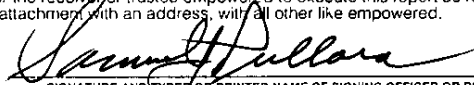


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 13, 2007 8:00 am
Secretary of State

06-13-2007 90004 020 ****61.25

DOCUMENT # N03000007752 1. Entity Name OCEAN RITZ OWNERS' ASSOCIATION, INC.					
Principal Place of Business 502 HARMON AVE. PANAMA CITY, FL 32401			Mailing Address P.O. BOX 609 HIXSON, TN 37343		
2. Principal Place of Business - No P.O. Box # 10611 Front Beach Road Suite, Apt. #, etc.		3. Mailing Address 9400 S. Thomas Dr. Suite, Apt. #, etc.			
City & State Panama City Beach, FL		City & State Panama City Beach, FL		4. FEI Number 20-1878209	
Zip 32407		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent WILLIAMS, JACK G 502 HARMON AVE. PANAMA CITY, FL 32401				7. Name and Address of New Registered Agent Name Edwin W. Griffin, Jr. Street Address (P.O. Box Number is Not Acceptable) 9400 S. Thomas Dr. City Panama City Beach FL Zip Code 32408	
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 Edwin W. Griffin, Jr. Resort Association Management Director of CAM operations (NOTE: Registered Agent signature required when reinstating) DATE 5-11-07					
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 NAME STREET ADDRESS CITY-ST-ZIP	PSD HARBOR, C B 243 SIGNAL MOUNTAIN ROAD, STE. M CHATTANOOGA, TN 37405	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Samuel J. Pullara 1029 Laurel Grove Ct. Suwanee, GA 30024	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CHILDRESS, GLENDA 243 SIGNAL MOUNTAIN ROAD, STE. M CHATTANOOGA, TN 37405	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD John R. Arvin 10611 Front Beach Road Unit 603 Panama City Beach, FL 32407	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CHANDLER, ROBERT 243 SIGNAL MOUNTAIN ROAD, STE. M CHATTANOOGA, TN 37405	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD PAUL J. Shimp 2451 Cumberland Pkway Ste. 3514 ATLANTA, GA 30339	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	:	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD Pam Bennett 1080 Bridge Mill Ave. Canton, GA 30114	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	:	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Dr. C. Lentz Reynolds 282 Stephenson Ave LOOKOUT MTN., TN 37350	<input type="checkbox"/> Change <input checked="" 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: 			Date 6-2-07		