2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2006
Secretary of State

DOCUMENT# N03000009979

Entity Name: THE VILLAGE AT MARINA COVE OWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

2010 CR C-30
PORT ST JOE, FL 32456

New Principal Place of Business:

209 7TH STREET
PORT ST JOE, FL 32456

Current Mailing Address:

2010 CR C-30
PORT ST JOE, FL 32456

New Mailing Address:

209 7TH STREET
PORT ST JOE, FL 32456

FEI Number: 20-0746069 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

GROOM, PAUL W II
206 E 4TH ST
PORT ST JOE, FL 32456 US

Name and Address of New Registered Agent:

GROOM, PAUL W II
116 SAILORS COVE DR
PORT ST JOE, FL 32456 US

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: _____ 04/25/2006
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: DP ( ) Delete
Name: RISH, WILLIAM J JR
Address: P O BOX 428
City-St-Zip: PORT ST JOE, FL 32456

Title: DVST ( ) Delete
Name: RISH, RALPH P
Address: 450 BLAKE DR
City-St-Zip: WEWAHITCHKA, FL 32465

Title: DVST ( ) Delete
Name: PREBLE, GREGORY S
Address: 6631 NE PISGAH CURCH RD
City-St-Zip: TALLAHASSEE, FL 32309

Title: D ( ) Delete
Name: JONES, PHILIP A
Address: 301 E 1ST ST, 3RD FLOOR
City-St-Zip: PORT ST JOE, FL 32456

Title: D ( ) Delete
Name: MCELHENEY, RANDALL A
Address: 506 HOLLIS AVE
City-St-Zip: PANAMA CITY, FL 32401

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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: WILLIAM J RISH, JR DP 04/25/2006
Electronic Signature of Signing Officer or Director — Date