2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000010827

LEE, ROBERT E

DESTIN, FL 32541

1234 AIRPORT ROAD, SUITE 215

Name:

Address:

City-St-Zip:

FILED Mar 09, 2006 Secretary of State

Entity Name: DRIFTWOOD ESTATES PHASE II HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business: 1234 AIRPORT ROAD, SUITE 215 10221 EMERALD COAST PKWY WEST DESTIN, FL 32541 SUITE 23 MIRAMAR BEACH, FL 32550 **Current Mailing Address:** New Mailing Address: 1234 AIRPORT ROAD, SUITE 215 10221 EMERALD COAST PKWY WEST DESTIN, FL 32541 SUITE 23 MIRAMAR BEACH, FL 32550 FEI Number: 59-3755013 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of New Registered Agent: Name and Address of Current Registered Agent: OLSON, RICHARD GELDER, JAY B 1234 AIRPORT ROAD, SUITE 215 10221 EMERALD COAST PKWY WEST DESTIN, FL 32541 SUITE 23 MIRAMAR BEACH, FL 32550 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: JAY B. GELDER 03/09/2006 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Change () Addition () Delete OLSON, RICHARD Name: Name: 1234 AIRPORT ROAD, SUITE 215 Address: Address: City-St-Zip: DESTIN, FL 32541 City-St-Zip: Title: () Delete Title: () Change () Addition PHILLIPS, RUPERT E Name: Name: Address: 1234 AIRPORT ROAD, SUITE 215 Address: City-St-Zip: DESTIN, FL 32541 City-St-Zip: Title: DST () Delete Title: DST (X) Change () Addition

Name:

Address:

City-St-Zip:

HOWELL, SHANNON

DESTIN, FL 32541

1234 AIRPORT ROAD, SUITE 215

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: RICHARD OLSON PD 03/09/2006