

# 2007 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # N04000000822

1. Entity Name  
THE PRESERVE AT GRAYTON BEACH OWNERS'  
ASSOCIATION, INC.



FILED

07 SEP -7 PM 4:30

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
4399 COMMONS DR EAST  
SUITE 200  
DESTIN, FL 32541

Mailing Address  
4399 COMMONS DR EAST  
SUITE 200  
DESTIN, FL 32541

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



04-30-07 90472 009 & 70.00  
09042007 Chg-NP CR2E037 (12/06)

4. FEI Number  
47-0937968

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SHIPMAN, GARY A ESQ  
1414 CO. HWY. 283 SOUTH  
SUITE B  
SANTA ROSA BEACH, FL 32459

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Amended AR is \$61.25

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$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 D ☒ Delete  
NAME MCCORMICK, MICHAEL W  
STREET ADDRESS 1732 WEST COUNTY HIGHWAY 30-A, SUITE 105  
CITY-ST-ZIP SANTA ROSA BEACH, FL 32459

TITLE PD ☐ Change ☒ Addition  
NAME Hooks, Jan  
STREET ADDRESS 8 Coleman Drive  
CITY-ST-ZIP SANTA ROSA BEACH, FL 32459

TITLE D ☒ Delete  
NAME CRUM, G. BARTON  
STREET ADDRESS 5442 WOODSIDE CIR  
CITY-ST-ZIP MONTGOMERY, AL 36117

TITLE VD ☐ Change ☒ Addition  
NAME Rushing, Susan  
STREET ADDRESS 220 State Highway 83  
CITY-ST-ZIP DeFuniak Springs, FL 32433

TITLE D ☒ Delete  
NAME ELLIS, MATTHEW T  
STREET ADDRESS 6600 TAYLOR RIDGE RD  
CITY-ST-ZIP MONTGOMERY, AL 36116

TITLE STD ☐ Change ☒ Addition  
NAME Negron, Richard  
STREET ADDRESS 5218 Tealing Drive  
CITY-ST-ZIP Roswell, GA 30075

TITLE ☐ Delete  
NAME *9/17*  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D ☐ Change ☒ Addition  
NAME Rau, Richard  
STREET ADDRESS 4045 W. County Highway 30-A #403  
CITY-ST-ZIP SANTA ROSA BEACH, FL 32459

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D ☐ Change ☒ Addition  
NAME Hogg, Ed  
STREET ADDRESS 101 Bree Lane  
CITY-ST-ZIP Canton, Georgia 30114

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D ☐ Change ☒ Addition  
NAME Jones, Andrew  
STREET ADDRESS 3068 H.D. ATTA ROAD  
CITY-ST-ZIP Covington Georgia 30014

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Telephone #