

**2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 16, 2008 8:00 am**  
**Secretary of State**

04-16-2008 90031 008 \*\*\*\*70.00

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02062008 Chg-NP CR2E037 (12/06)

<b>DOCUMENT # N04000000822</b>					
<b>1. Entity Name</b> THE PRESERVE AT GRAYTON BEACH OWNERS' ASSOCIATION, INC.					
<b>Principal Place of Business</b> 4399 COMMONS DR EAST SUITE 200 DESTIN, FL 32541			<b>Mailing Address</b> 4399 COMMONS DR EAST SUITE 200 DESTIN, FL 32541		
<b>2. Principal Place of Business - No P.O. Box #</b> 7 TOWN CENTER LOOP Suite, Apt. #, etc. SUITE C16		<b>3. Mailing Address</b> POST OFFICE BOX 1247 Suite, Apt. #, etc.			
<b>City &amp; State</b> SANTA ROSA BEACH FL Zip 32459		<b>City &amp; State</b> SANTA ROSA BEACH FL Zip 32459		<b>4. FEI Number</b> 47-0937968	
<b>Country</b> WALTON		<b>Country</b> WALTON		<b>5. Certificate of Status Desired</b> <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>  SHIPMAN, GARY A ESQ 1414 CO. HWY. 283 SOUTH SUITE B SANTA ROSA BEACH, FL 32459			<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
<b>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.</b>					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>Filing Fee is \$61.25 Due by May 1, 2008</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HOOKS, JAN 8 COLEMAN DRIVE SANTA ROSA BEACH, FL 32459		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV RUSHING, SUSAN 220 STATE HIGHWAY 83 DEFUNIAK SPRINGS, FL 32433		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD NEGRON, RICHARD 5218 TEALING DRIVE ROSWELL, GA 30075		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RAU, RICHARD 4045 W. COUNTY HIGHWAY 30 A #403 SANTA ROSA BEACH, FL 32459		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HOGG, ED 101 BREE LANE CANTON, GA 30114		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JONES, ANDREW 3068 H.D. ATHA ROAD COVINGTON, GA 30014		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>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.</b>					
<b>SIGNATURE:</b>			4/14/08 850-267-8458		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		