## 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N04000003348

FILED Apr 25, 2007 Secretary of State

Entity Name: OWNERS ASSOCIATION OF THE LAKES ON THE BLUFF, INC.

**Current Principal Place of Business: New Principal Place of Business:** 2100 RIVEREDGE PARKWAY 224 7TH STREET **SUITE #700** PORT ST. JOE, FL 32456 ATLANTA, GA 30328 **Current Mailing Address:** New Mailing Address: 2100 RIVEREDGE PARKWAY 224 7TH STREET SUITE 700 PORT ST. JOE, FL 32456 ATLANTA, GA 30328 FEI Number: 90-0264234 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: GIBSON, THOMAS S GIBSON, THOMAS S 206 E. 4TH STREET 116 SAILORS COVE ROAD PORT ST. JOE, FL 32456 US US PORT ST. JOE, FL 32456 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: 04/25/2007 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete (X) Change ( ) Addition DWYER, RYAN DAVIS, KIM Name: Name: 2100 RIVEREDGE PARKWAY, SUITE 700 Address: 312 PATTON STREET Address: City-St-Zip: ATLANTA, GA 30328 City-St-Zip: ST. GEORGE ISLAND, FL 32328 Title: () Delete Title: (X) Change ( ) Addition DELONGA, STEVEN Name: EARLEY, CHRIS Name: Address: 2300 PEACHTREE ROAD, STE, C-202 Address: 2291 CR C30-A City-St-Zip: ATLANTA, GA 30309 City-St-Zip: PORT ST. JOE, FL 32456 Title: () Delete Title: S/T (X) Change ( ) Addition FAISON, BRENT MILLER, BRENDA Name: Name: 433 BUNKERS COVE ROAD 2004 CYPRESS AVENUE Address: Address: City-St-Zip: PANAMA CITY, FL 32401 City-St-Zip: PORT ST. JOE. FL 32456 Title: () Delete Title: ( ) Change (X) Addition CHAMPION, RANDALL Name: Name: P.O. BOX 287 Address: Address: City-St-Zip: City-St-Zip: EASTPOINT, FL 32328 Title: () Delete Title: ( ) Change (X) Addition WRAY, AARON Name: Name: 957 US HWY 98 Address: Address: EASTPOINT, FL 32328 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: KIM DAVIS P 04/25/2007