2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2008
Secretary of State

DOCUMENT# N04000003348

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

Current Principal Place of Business:

224 7TH STREET
PORT ST. JOE, FL 32456

New Principal Place of Business:

Current Mailing Address:

224 7TH STREET
PORT ST. JOE, FL 32456

New Mailing Address:

FEI Number: 90-0264234 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

GIBSON, THOMAS S
116 SAILORS COVE ROAD
PORT ST. JOE, FL 32456 US

Name and Address of New Registered Agent:

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: _____
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: DAVIS, KIM
Address: 312 PATTON STREET
City-St-Zip: ST. GEORGE ISLAND, FL 32328

Title: V ( ) Delete
Name: EARLEY, CHRIS
Address: 2291 CR C30-A
City-St-Zip: PORT ST. JOE, FL 32456

Title: S/T ( ) Delete
Name: MILLER, BRENDA
Address: 2004 CYPRESS AVENUE
City-St-Zip: PORT ST. JOE, FL 32456

Title: D ( ) Delete
Name: CHAMPION, RANDALL
Address: P.O. BOX 287
City-St-Zip: EASTPOINT, FL 32328

Title: D ( ) Delete
Name: WRAY, AARON
Address: 957 US HWY 98
City-St-Zip: EASTPOINT, FL 32328

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 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: THOMAS S. GIBSON RA 04/18/2008
Electronic Signature of Signing Officer or Director — Date