

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000005883

FILED  
Apr 16, 2008  
Secretary of State

**Entity Name:** OCEAN REEF RESORT OWNERS' ASSOCIATION, INC.

**Current Principal Place of Business:**

502 HARMON AVENUE  
PANAMA CITY, FL 32401

**New Principal Place of Business:**

**Current Mailing Address:**

POST OFFICE BOX 609  
HIXSON, TN 37343 US

**New Mailing Address:**

**FEI Number:** 20-5436069

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

WILLIAMS, JACK G  
502 HARMON AVENUE  
PANAMA CITY, FL 32401 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: PSD ( ) Delete  
Name: HARBOUR, C B III  
Address: 243 SIGNAL MOUNTAIN ROAD, STE. M  
City-St-Zip: CHATTANOOGA, TN 37405 US

Title: D ( ) Delete  
Name: CHILDRESS, GLENDA  
Address: 243 SIGNAL MOUNTAIN ROAD, STE. M  
City-St-Zip: CHATTANOOGA, TN 37405 US

Title: D ( ) Delete  
Name: CHANDLER, ROBERT  
Address: 243 SIGNAL MOUNTAIN ROAD, STE. M  
City-St-Zip: CHATTANOOGA, TN 37405 US

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: D (X) Change ( ) Addition  
Name: WILLIAMS, BETTY  
Address: 14415 FRONT BEACH ROAD  
City-St-Zip: PANAMA CITY BEACH, FL 32413 US

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: C.B. HARBOUR

PSD

04/16/2008

Electronic Signature of Signing Officer or Director

Date