


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 02, 2005 8:00 am**  
**Secretary of State**

05-02-2005 90452 028 \*\*\*\*61.25

<b>DOCUMENT # N04000007617</b>	
1. Entity Name <b>THE FLATS II AT ROSEMARY BEACH CONDOMINIUM ASSOCIATION, INC.</b>	

Principal Place of Business <b>POST OFFICE BOX 611351 ROSEMARY BEACH, FL 32461</b>	Mailing Address <b>POST OFFICE BOX 611351 ROSEMARY BEACH, FL 32461</b>
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**40071273**



2. Principal Place of Business <b>PO Box 4946</b>	3. Mailing Address <b>PO Box 4946</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

04272005 Chg-NP CR2E037 (10/03)

City & State <b>Seaside FL</b>	City & State <b>Seaside FL</b>
Zip <b>32459</b>	Zip <b>32459</b>
Country <b>US</b>	Country <b>US</b>

4. FEI Number <b>34-2008723</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**CFRA, LLC  
CORPORATE CENTER THREE AT INTERNATIONAL PL  
4221 W. BOY SCOUT BOULEVARD  
TAMPA, FL 33607-5736**

**7. Name and Address of New Registered Agent**

Name **David Leuze**  
Street Address (P.O. Box Number is Not Acceptable)  
**9064 E County Hwy 30-A**  
City **Panama City Beach** FL Zip Code **32413**

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 **David F Leuze** **David F Leuze** **4/27/05**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

<b>Filing Fee is \$61.25 Due by May 1, 2005</b>	9. Election Campaign Financing 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>
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10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MCLEOD, P.L. JR POST OFFICE BOX 611351 ROSEMARY BEACH, FL 32461	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD David Koran 8 oak Hill Newnan GA 30263	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD DOROUGH, JOHN POST OFFICE BOX 611351 ROSEMARY BEACH, FL 32461	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D.VP Deforest Winslow 312 High Point Drive Lagrange GA 30240	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST TUCKER, BRYAN K POST OFFICE BOX 611351 ROSEMARY BEACH, FL 32461	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ST Brian Katz 6464 Barberry Dr Paducah KY 42001	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D POOLE, RONALD T POST OFFICE BOX 611351 ROSEMARY BEACH, FL 32461	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: **David Koran** **David Koran** **4/20/05**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #