


**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 01, 2007 8:00 am
Secretary of State

05-01-2007 90050 018 ****61.25

DOCUMENT # N04000007617 1. Entity Name THE FLATS II AT ROSEMARY BEACH CONDOMINIUM ASSOCIATION, INC.	
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Principal Place of Business POST OFFICE BOX 4946 SEASIDE, FL 32459	Mailing Address POST OFFICE BOX 4946 SEASIDE, FL 32459
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DO NOT WRITE IN THIS SPACE



04292007 No Chg-NP CR2E037 (4/06)

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

6. Name and Address of Current Registered Agent LEUZE, DAVID 59 CANAL ST SANTA ROSA BEACH, FL 32459	DO NOT WRITE IN THIS SPACE
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25 Due by May 1, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD KORAN, DAVID 8 OAK HILL NEWNAN, GA 30263
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DVP WINSLOW, DEFOREST 312 HIGH POINT DRIVE LAGRANGE, GA 30240
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DST KATZ, BRIAN 6464 BARBERRY DRIVE PADUCAH, KY 42001
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

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.

SIGNATURE: David Koran **David Koran** 4/11/07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #