


**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 03, 2008 8:00 am**  
**Secretary of State**

04-03-2008 90020 025 \*\*\*\*70.00

DOCUMENT # N04000007617			
1. Entity Name THE FLATS II AT ROSEMARY BEACH CONDOMINIUM ASSOCIATION, INC.		Principal Place of Business POST OFFICE BOX 4946 SEASIDE, FL 32459	
2. Principal Place of Business - No P.O. Box # 15 St. Augustine Ave Suite, Apt. #, etc.		3. Mailing Address P.O. Box 611686 Suite, Apt. #, etc.	
City & State Rosemary Beach, FL		City & State Rosemary Beach, FL	
Zip 32413		Country WALTON	
4. FEI Number 34-2008723		Applied For Not Applicable	
5. Certificate of Status Desired <input checked="" 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		7. Name and Address of New Registered Agent Name: Loyd Tarver Street Address (P.O. Box Number is Not Acceptable): 180 Cullman Ave City: Santa Rosa Beach FL Zip Code: 32459	
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: <u>Loyd Tarver</u> Signature, typed or printed name of registered agent and title if applicable		Loyd Tarver Assoc Mgr (NOTE: Registered Agent signature required when reinstating)	
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD KORAN, DAVID 8 OAK HILL NEWNAN, GA 30263 <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	DVP WINSLOW, DEFOREST 312 HIGH POINT DRIVE LAGRANGE, GA 30240 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D, V <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST KATZ, BRIAN 6464 BARBERRY DRIVE PADUCAH, KY 42001 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D, P <input checked="" 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	D, DST Katen Andras 5240 Kenbrook Way Atlanta, GA 30327 <input type="checkbox"/> Change <input checked="" 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 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: <u>Brian Katz</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		3/28/08 Date	
		270- <del>595</del> 575-3939 Daytime phone #	