2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2008
Secretary of State

DOCUMENT# N04000009740

Entity Name: WATERCOLOR PRIVATE RESIDENCE CLUB CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

29 GOLDENROD CIRCLE
SANTA ROSA BEACH, FL 32459

New Principal Place of Business:

Current Mailing Address:

245 RIVERSIDE AVE SUITE 500
ATTN: LEGAL DEPT - SUSAN WHITLATCH
JACKSONVILLE, FL 32202

New Mailing Address:

FEI Number: 20-1744552 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

MARX, CHRISTINE M
245 RIVERSIDE AVE SUITE 500
JACKSONVILLE, FL 32202 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: DP ( ) Delete
Name: MORRISON, GERI
Address: 949 E. IRONBRIDGE CIRCLE NORTH
City-St-Zip: SPRINGFIELD, MO 65810

Title: DV ( ) Delete
Name: REID, BRACKNEY J
Address: 532 ROBARDS CIRCLE
City-St-Zip: OLD HICKORY, TN 37138

Title: DST ( ) Delete
Name: GAY, KEITH E
Address: 1119 HILLBROOK ROAD
City-St-Zip: DOTHAN, AL 36303

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:

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: GERI MORRISON DP 05/01/2008

Electronic Signature of Signing Officer or Director — Date