2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2005
Secretary of State

DOCUMENT# N04000010579

Entity Name: PARK PLACE AT INLET BEACH OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

348 ENTERPRISE DRIVE
VALDOSTA, GA 31601

New Principal Place of Business:

7 TOWN CENTER LOOP
C16
SANTA ROSA BEACH, FL 32459

Current Mailing Address:

348 ENTERPRISE DRIVE
VALDOSTA, GA 31601

New Mailing Address:

PO BOX 1247
SANTA ROSA BEACH, FL 32459

FEI Number: 65-1236336 **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:

BURKE, M. TODD
215 GRAND BOULEVARD
SUITE 101
DESTIN, FL 32550 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: PD ( ) Delete
Name: DEVANE, STEVE
Address: 348 ENTERPRISE DRIVE
City-St-Zip: VALDOSTA, GA 31601

Title: VD ( ) Delete
Name: BENNETT, JOHN
Address: 348 ENTERPRISE DRIVE
City-St-Zip: VALDOSTA, GA 31601

Title: STD ( ) Delete
Name: KING, KEVIN
Address: 348 ENTERPRISE DRIVE
City-St-Zip: VALDOSTA, GA 31601

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 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 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: STEVE DEVANE PD 05/04/2005

Electronic Signature of Signing Officer or Director — Date