2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000010925

FILED May 02, 2007 Secretary of State

Entity Name: OSPREY AT DESTIN WEST BEACH AND BAY RESORT CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

1500 MIRACLE STRIP PKWY SE 1324 MIRACLE STRIP PARKWAY FORT WALTON BEACH, FL 32548

L-08

FORT WALTON BEACH, FL 32548

Current Mailing Address: New Mailing Address:

1500 MIRACLE STRIP PKWY SE 1324 MIRACLE STRIP PARKWAY FORT WALTON BEACH, FL 32548

L-08

FORT WALTON BEACH, FL 32548

FEI Number: 20-2757111 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: Name and Address of New Registered Agent:

SALVATORI & WOOD, P.L SHIRLEY, REESE GM 4001 TAMIAMI TRL N STE 330 1324 MIRACLE STRIP PARKWAY NAPLES, FL 34103 L-08

FT WALTON BEACH, FL 32548 US

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: SHIRLEY REESE 05/02/2007

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

(X) Change () Addition () Delete

TOLBERT, FRED E III PETERS, JAMES W Name: Name: 1500 MIRACLE STRIP PKWY SE Address: 508 NORRIEGO ROAD Address: City-St-Zip: FORT WALTON BEACH, FL 32548 City-St-Zip: DESTIN, FL 32541

Title: () Delete Title: (X) Change () Addition

KREUSER, WILLIAM G P Name: SARTAIN, JOE Name:

Address: 1500 MIRACLE STRIP PKWY SE Address: 915 INTERSTATE RIDGE DRIVE, STE A

City-St-Zip: FORT WALTON BEACH, FL 32548 City-St-Zip: GAINESVILLE, GA 30501

Title: DTS () Delete Title: DTS (X) Change () Addition

BOZZA, RUTH BEASLEY, HOLLIS R Name: Name:

1500 MIRACLE STRIP PKWY SE 1328 MIRACLE STRIP PARKWAY, #604 Address: Address: City-St-Zip: FORT WALTON BEACH, FL 32548 City-St-Zip: FORT WALTON BEACH, FL 32548

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: SHIRLEY REESE **GM** 05/02/2007