2006 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT (AR)**

May 01, 2006 8:00 am Secretary of State DOCUMENT # N05000002590 1. Entity Name 05-01-2006 90308 026 ****70.00 SOUTH HOLIDAY BUSINESS CENTER OWNERS ASSOCIATION, INC. Principal Place of Business Mailing Address 136 S HOLIDAY RD UNIT D 136 \$ HOLIDAY RD UNIT D DESTIN FL 32550 DESTIN FL 32550 Mailing Address Holiday Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E037 (10/05) Applied For City & State Ве*п*сн Miramar Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent CAPPELLETTI, RONALD Street Address (P.O. Box Number is Not Acceptable) 136 S HOLIDAY RD UNIT D DESTIN FL 32550 plinay 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 Signature, typed of printed (NOTE: Registered Agent signature required when reinstaling) FILE NOW: FEE IS \$61.25 Make Check Payable to Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Due By May 1, 2006 Florida Department of State Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. DΡ TITLE Delete TITLE PRESIDENT ☐ Change X Addition William Davis 136 S. Holipay Rd., Suite D Miramar Beach, FL 32550 CAPPELLETI, RONALD NAME NAME 4421 COMMONS DR E #152 STREET ADDRESS STREET ADORESS DESTIN FL 32541 CITY-ST-ZIP CITY-ST-ZIP DVST TITLE SE Delete TITLE ☐ Change Addition Director SOLECKI, CERENNA craig conter Rd Suite D NAME NAME 136 S HOLIDAY RD UNIT D STREET ADDRESS STREET ADDRESS Miranar Beach FL 32550 DESTIN FL 32550 CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Channe ☐ Addition NAME HOWARD, TIMOTHY NAME 136 S HOLIDAY RD UNIT D STREET ADDRESS STREET ADDRESS DESTIN FL 32550 CITY-ST-ZIP CITY-ST-7IP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not quality for the exemptions contained in Section 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

sector

if changed, or on an attachment with an address, with all other like empowered

SIGNATURE:

FILED