2007 NOT-FOR-PROFIT CORPORATION

Apr 30, 2007 8:00 am Secretary of State ANNUAL REPORT DOCUMENT # N05000004976 04-30-2007 90472 041 ****61.25 L.B.R. COMMUNITY ASSOCIATION, INC. Principal Place of Business Mailing Address 00045384 10010 HUTCHINSON BLVD STE 500 POB 9850 PANAMA CITY, FL 32417 PANAMA CITY BEACH, FL 32407 2. Principal Place of Business - No P.Q. Box # 3. Mailing Address 10010 Hutchison Suite, Apt. #, etc Suite, Apt. #, etc. 04262007 Chg-NP CR2E037 (12/06) City & State City & State 4. FEI Number APPLIED FOR 20.8920797 Applied For AMAMA (Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name WALTERS, ELIZABETH J 415 BECKRICH RD Street Address (P.O. Box Number is Not Acceptable) **STE 500** PANAMA CITY BEACH, FL 32407 Zip Code FI 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 or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing Make check payable to Filing Fee is \$61.25 \$5.00 May Be Trust Fund Contribution. Due by May 1, 2007 Added to Fees Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TITLE ☐ Delete TITLE Change ☐ Addition ٦٢. BURNHAM, WESLEY L JR Burnham, WESLEY NAME NAME 10010 Hutchison Blud. 10010 HUTCHINSON BLVD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP PANAMA CITY BEACH, FL 32407 CITY-ST-ZIP 32407 TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY_ST_7IP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition 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 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 read 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 proposed. changed, or on an att

SIGNATURE:

DÉD NAME OF BIGNING OFFICER OR DIRECTOR

850.249.272

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