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

08-15-2006 90001 027 ****61.25

N05000008460

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N05000008460

1. Entity Name

PRESERVE PLACE AT GRAYTON BEACH OWNERS' ASSOCIATION, INC.

Principal Place of Business	Mailing Address
~~4399 COMMONS DR.~~ ~~SUITE 200~~ ~~DESTIN FL 32541~~	~~4399 COMMONS DR.~~ ~~SUITE 200~~ ~~DESTIN FL 32541~~

2. Principal Place of Business	3. Mailing Address
1732 W. County Hwy. 30-A	(same)
Suite, Apt. #, etc. Suite 103	Suite, Apt. #, etc.
City & State Santa Rosa Beach, FL	City & State
Zip 32459 / Country	Zip / Country

4. FEI Number 20-3353160 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
COFFIELD SACHS, COLLEEN 1719 S COUNTY HIGHWAY 393 SANTA ROSA BEACH FL 32459	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

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 _____ DATE

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS $61.25
Due By September 6, 2006

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DIR MCCORMICK, MICHAEL ~~4399 COMMONS DR, SUITE 200~~ ~~DESTIN FL 32541~~	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☑ Change ☐ Addition 1732 W. County Hwy. 30-A, Ste. 103 Santa Rosa Beach, FL	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DIR MCCORMICK, ASHLEY ~~4399 COMMONS DR,~~ SUITE 200 ~~DESTIN FL 32541~~	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☑ Change ☐ Addition (same)	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DIR DOOLEY, MICHAEL ~~4399 COMMONS DR., SUITE 200~~ ~~DESTIN FL 32541~~	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☑ Change ☐ Addition (same)	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	REINSTATEMENT 2006	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition	

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

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

2nd MOORE CR2E037 (4/06)