


FILED
Apr 19, 2007 8:00 am
Secretary of State

04-19-2007 90191 044 ****61 25

DOCUMENT # N05000008460				Secretary of State 04-19-2007 90191 044 ****61.25	
1. Entity Name PRESERVE PLACE AT GRAYTON BEACH OWNERS' ASSOCIATION, INC.				40063301	
Principal Place of Business 1732 WEST COUNTY HIGHWAY 30-A, STE. 103 SANTA ROSA BEACH, FL 32459		Mailing Address 1732 WEST COUNTY HIGHWAY 30-A, STE. 103 SANTA ROSA BEACH, FL 32459			
2. Principal Place of Business - No P.O. Box #		3. Mailing Address		02062007 Chg-NP CR2E037 (12/06)	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number 20-3353160	
City & State		City & State		Applied For Not Applicable	
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent COFFIELD SACHS, COLLEEN 1719 S COUNTY HIGHWAY 393 SANTA ROSA BEACH, FL 32459				7. Name and Address of New Registered Agent Name STERLING RESORTS, LLC Street Address (P.O. Box Number is Not Acceptable) 4393 Commons Dr. Destin City Destin FL Zip Code 32541	
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 <i>Rita Raus</i> RITA RAUS General Manager 2/19/07 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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	DIR <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	MCCORMICK, MICHAEL	NAME			
STREET ADDRESS	1732 WEST COUNTY HIGHWAY 30-A, STE. 103	STREET ADDRESS			
CITY-ST-ZIP	SANTA ROSA BEACH, FL 32459	CITY-ST-ZIP			
TITLE	DIR <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	MCCORMICK, ASHLEY	NAME			
STREET ADDRESS	1732 WEST COUNTY HIGHWAY 30-A, STE. 103	STREET ADDRESS			
CITY-ST-ZIP	SANTA ROSA BEACH, FL 32459	CITY-ST-ZIP			
TITLE	DIR <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	DOOLEY, MICHAEL	NAME			
STREET ADDRESS	1732 WEST COUNTY HIGHWAY 30-A, STE. 103	STREET ADDRESS			
CITY-ST-ZIP	SANTA ROSA BEACH, FL 32459	CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 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: <i>Michael McCormick</i> 2/20/07 (850) 622-9535 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					