

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 30, 2008 8:00 am
Secretary of State

05-30-2008 90216 046 ****61.25

DOCUMENT # N05000008460

1. Entity Name

PRESERVE PLACE AT GRAYTON BEACH OWNERS' ASSOCIATION, INC.



Principal Place of Business

1732 WEST COUNTY HIGHWAY 30-A, STE. 1
SANTA ROSA BEACH FL 32459

Mailing Address

1732 WEST COUNTY HIGHWAY 30-A, STE. 1
SANTA ROSA BEACH FL 32459



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

UNIT 301

Suite, Apt. #, etc.

UNIT 301

City & State

City & State

1st MOORE

CR2E037 (10/07)

Zip

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

~~STERLING RESORTS LLC - PRESERVE PLACE AT GRAYTON~~
~~4393 COMMONS DR. BEACH HOA~~
~~DESTIN FL 32541~~
~~1732 W. HWY 30A~~
~~UNIT 301~~
~~SANTA ROSA BEACH, FL 324~~

Name **PRESERVE PLACE AT GRAYTON BEACH HOA**

Street Address (P.O. Box Number is Not Acceptable)

1732 W. HWY 30A UNIT 402

City

SANTA ROSA BEACH

FL

Zip Code

32459

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

FILE NOW: FEE IS \$61.25
Due By May 1, 2008

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

TITLE ~~DIR~~ ☐ Delete
NAME MCCORMICK, MICHAEL
STREET ADDRESS 1732 WEST COUNTY HIGHWAY 30-A, STE. 103
CITY-ST-ZIP SANTA ROSA BEACH FL 32459

TITLE ~~DIR~~ ☒ Delete
NAME MCGORMICK, ASHLEY
STREET ADDRESS 1732 WEST COUNTY HIGHWAY 30-A, STE. 103
CITY-ST-ZIP SANTA ROSA BEACH FL 32459

TITLE ~~DIR~~ ☒ Delete
NAME DOOLEY, MICHAEL
STREET ADDRESS 1732 WEST COUNTY HIGHWAY 30-A, STE. 103
CITY-ST-ZIP SANTA ROSA BEACH FL 32459

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE VP ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
NAME ST
STREET ADDRESS MS. DAWN SCARBROUGH
CITY-ST-ZIP 518 MAIN STREET
PALMETTO, GA 30268

TITLE ☒ Change ☐ Addition
NAME P
STREET ADDRESS MR. GREG AUTEN
CITY-ST-ZIP P.O. BOX 5149
COLUMBUS, GA 31906

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify 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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

[Signature] 5/5/08