2007 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
Oct 12, 2007
Secretary of State

DOCUMENT# N06000005698

Entity Name: LUAU CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

9300 EMERALD COAST PARKWAY W
SANDESTIN, FL 32550

New Principal Place of Business:

Current Mailing Address:

9300 EMERALD COAST PARKWAY W
SANDESTIN, FL 32550

New Mailing Address:

FEI Number: 05-0586765 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

JONES, DOUG
301 EAST PINE STREET
SUITE 400
ORLANDO, FL 32801 US

Name and Address of New Registered Agent:

SHIPMAN, GARY
1414 COUNTRY HIGHWAY 283 SOUTH
SUITE B
SANTA ROSA BEACH, FL 32549 US

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.

SIGNATURE: GARY SHIPMAN 10/12/2007
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: JONES, DOUG
Address: 301 EAST PINE STREET, SUITE 400
City-St-Zip: ORLANDO, FL 32801

Title: VPD ( ) Delete
Name: BABCOCK, BOB
Address: 9300 EMERALD COAST PARKWAY WEST
City-St-Zip: SANDESTIN, FL 32550

Title: STD ( ) Delete
Name: SHERMAN, CHRIS
Address: 301 EAST PINE STREET, SUITE 400
City-St-Zip: ORLANDO, FL 32801

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: BOUDREAUX, ALLEN
Address: 4628 FOLSE DRIVE
City-St-Zip: METAIRIE, LA 70006

Title: VPD (X) Change ( ) Addition
Name: MURPHY, JACK
Address: 4 SANCTUARY LANE
City-St-Zip: METAIRIE, LA 70006

Title: TD (X) Change ( ) Addition
Name: COHEN, CLIFF
Address: 4399 OLD BAYOU TRAIL
City-St-Zip: DESTIN, FL 32541

Title: SD ( ) Change (X) Addition
Name: FERRAN, STEVE
Address: 9300 EMERALD COAST PARKWAY WEST
City-St-Zip: MIRAMAR BEACH, FL 32550

Title: D ( ) Change (X) Addition
Name: ARMSTRONG, EDWARD
Address: PO BOX 99
City-St-Zip: FREEPORT, FL 32439

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LISA THOMAS CAM 10/12/2007
Electronic Signature of Signing Officer or Director Date