


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2007 8:00 am
Secretary of State

05-04-2007 90079 020 ****61.25

DOCUMENT # N06000007210

1. Entity Name
SAILWATCH LANDING OWNERS ASSOCIATION, INC.



Principal Place of Business
**187 BROOKS STREET
 FORT WALTON BEACH, FL 32548**

Mailing Address
**P.O. BOX 1637
 SANTA ROSA BEACH, FL 32459**

4025



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

3. Mailing Address
P.O. Box 5283

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04262007 Chg-NP CR2E037 (12/06)

City & State
Destin, FL

4. FEI Number
20-5173623

Applied For
 Not Applicable

Zip
32540

Country
okalocsa

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

6. Name and Address of Current Registered Agent

**MITCHELL, ELLIOTT
 8700 ANCHORAGE DR.
 MIRAMAR BEACH, FL 32550**

7. Name and Address of New Registered Agent

Name
Zach Johnson

Street Address (P.O. Box Number is Not Acceptable)
36132 Emerald Coast Parkway

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 *Zach Johnson, Manager* DATE 4/26/07

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

**Filing Fee is \$61.25
 Due by May 1, 2007**

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	P	<input type="checkbox"/> Delete
NAME	MITCHELL, ELLIOTT	
STREET ADDRESS	8700 ANCHORAGE DR.	
CITY-ST-ZIP	MIRAMAR BEACH, FL 32550	
TITLE	VP	<input type="checkbox"/> Delete
NAME	WEST, CLARK	
STREET ADDRESS	8700 ANCHORAGE DR.	
CITY-ST-ZIP	MIRAMAR BEACH, FL 32550	
TITLE	S	<input type="checkbox"/> Delete
NAME	WEST, CLARK	
STREET ADDRESS	8700 ANCHORAGE DR.	
CITY-ST-ZIP	MIRAMAR BEACH, FL 32550	
TITLE	T	<input type="checkbox"/> Delete
NAME	WEST, CLARK	
STREET ADDRESS	8700 ANCHORAGE DR.	
CITY-ST-ZIP	MIRAMAR BEACH, FL 32550	
TITLE	VP	<input type="checkbox"/> Delete
NAME	TAYLOR, GERALD	
STREET ADDRESS	1525 W. LIVE OAK RD.	
CITY-ST-ZIP	MONTICELLO, FL 32344	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 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: *Zach Johnson, Manager* DATE 4/26/07 DAYTIME PHONE # 850-231-2738

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR