


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

04-30-2008 90178 023 ****61.25

60033154

DOCUMENT # N06000009673 1. Entity Name SPLASH OWNERS' ASSOCIATION, INC.	
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Principal Place of Business 4393 COMMONS DRIVE EAST DESTIN, FL 32541	Mailing Address 4393 COMMONS DRIVE EAST DESTIN, FL 32541
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2. Principal Place of Business - No P.O. Box # 17729 FRONT BEACH ROAD	3. Mailing Address 17698 FRONT BEACH ROAD
Suite, Apt. #, etc.	Suite, Apt. #, etc. #201

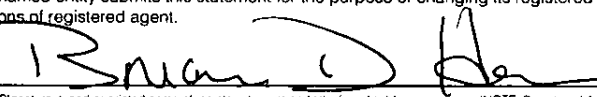
City & State PANAMA CITY BEACH, FL	City & State PANAMA CITY BEACH, FL
Zip 32413	Zip 32413
Country USA	Country USA

04262008 Chg-NP CR2E037 (12/06)

4. FEI Number APPLIED FOR 20-5556575	Applied For <input type="checkbox"/>
	Not Applicable <input type="checkbox"/>

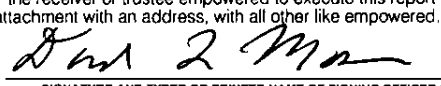
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent HALL, STEVEN K 4399 COMMONS DRIVE EAST SUITE 300 DESTIN, FL 32541	7. Name and Address of New Registered Agent Name Brian D. Hass Street Address (P.O. Box Number is Not Acceptable) 9108 Front Beach Rd City Panama City Bch FL 32408
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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 4/29/08 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>

Filing Fee is \$61.25 Due by May 1, 2008	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
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE P	<input checked="" type="checkbox"/> Delete	TITLE PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME MCNEIL, GARRETT		NAME DAVID L. MASON	
STREET ADDRESS 4393 COMMONS DRIVE EAST		STREET ADDRESS 7115 THOMAS DRIVE #1604	
CITY-ST-ZIP DESTIN, FL 32541		CITY-ST-ZIP PANAMA CITY BEACH, FL 32408	
TITLE VP	<input checked="" type="checkbox"/> Delete	TITLE VICE PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME MULLINS, KEN		NAME BOBBIE JO BURNS	
STREET ADDRESS 4393 COMMONS DRIVE EAST		STREET ADDRESS 4464 KINGSLYNN ROAD	
CITY-ST-ZIP DESTIN, FL 32541		CITY-ST-ZIP NICEVILLE FL 32578	
TITLE S	<input checked="" type="checkbox"/> Delete	TITLE SECRETARY	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME ANDERSON, VICTOR		NAME ROBERT Z. HENSLEY	
STREET ADDRESS 4393 COMMONS DRIVE EAST		STREET ADDRESS 4391 OLD BAYOU TRAIL	
CITY-ST-ZIP DESTIN, FL 32541		CITY-ST-ZIP DESTIN, FL 32541	
TITLE	<input type="checkbox"/> Delete	TITLE TREASURER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME ANTHONY MASTANDREA	
STREET ADDRESS		STREET ADDRESS 1128 ROWAN OAK CIRCLE	
CITY-ST-ZIP		CITY-ST-ZIP BOGART, GA 30622	
TITLE	<input type="checkbox"/> Delete	TITLE DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME ROBERT INGRAM	
STREET ADDRESS		STREET ADDRESS 3450 HILL FOREST TRAIL	
CITY-ST-ZIP		CITY-ST-ZIP ACWORTH, GA 30101	
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:  David L. Mason	Date 4/29/08 Daytime Phone # 850 249 1604