2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 19, 2008
Secretary of State

DOCUMENT# N07000002316

Entity Name: PORT ST. JOE WATERFRONT PARTNERSHIP, INC.

Current Principal Place of Business:

305 THIRD STREET
PORT ST. JOE, FL 32456

New Principal Place of Business:

Current Mailing Address:

305 THIRD STREET
PORT ST. JOE, FL 32456

New Mailing Address:

FEI Number: 20-8620504 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MAGIDSON, MEL C JR.
528 6TH STREET
PORT ST. JOE, FL FL US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: GARTH, JIM
Address: 305 3RD STREET
City-St-Zip: PORT ST. JOE, FL 32456

Title: D ( ) Delete
Name: ALSOBROOK, GAIL
Address: 101 REID AVE.
City-St-Zip: PORT ST. JOE, FL 32456

Title: D ( ) Delete
Name: ANDERSON, ANN
Address: 6890 COUNTY ROAD 30
City-St-Zip: PORT ST. JOE, FL 32456

Title: D ( ) Delete
Name: ROBERSON, RALPH
Address: 214 7TH STREET
City-St-Zip: PORT ST. JOE, FL 32456

Title: D ( ) Delete
Name: GOLZ, RAY
Address: 282 WHITE SANDS DRIVE
City-St-Zip: PORT ST. JOE, FL 32456

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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: JIM GARTH PRES 02/19/2008

Electronic Signature of Signing Officer or Director — Date