

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 18, 2008 8:00 am
Secretary of State

04-24-2008 90098 050 ****61.25

DOCUMENT # N07000007153 1. Entity Name CARILLON BEACH INN CONDOMINIUM ASSOCIATION, INC.			
Principal Place of Business % MR. PETER J. BARTON 5399 E. COUNTY HIGHWAY 30A #190 SANTA ROSA BEACH, FL 32459		Mailing Address % MR. PETER J. BARTON 5399 E. COUNTY HIGHWAY 30A #190 SANTA ROSA BEACH, FL 32459	
2. Principal Place of Business - No P.O. Box # 114-Market St Suite, Apt. #, etc.		3. Mailing Address PoBox 661403 Suite, Apt. #, etc.	
City & State Panama City Beach FL Zip 32413		City & State Rosemary Beach FL Zip 32461	
4. FEI Number 208990519		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		6. Name and Address of Current Registered Agent BARTON, PETER J 5399 E. COUNTY HIGHWAY 30A #190 SANTA ROSA BEACH, FL 32459	
7. Name and Address of New Registered Agent Name Coastal Properties Association Management Street Address (P.O. Box Number is Not Acceptable) Zach Johnson 36132 Emerald Coast Pkwy City DESTIN FL Zip 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 <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reissuing)</small>	
Filing Fee is \$81.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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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: Reid W. Simmons, Pres		Date 6/22/08	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone # 850 596 1671	

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