


**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 28, 2005 8:00 am**  
**Secretary of State**

02-28-2005 90196 006 \*\*\*\*61.25

|   |  |   |   |  |  |
|---|--|---|---|--|--|
| <b>DOCUMENT # N07697</b>  |  |   |   |         |  |
| 1. Entity Name<br>RAMSGATE HARBOUR OWNERS ASSOCIATION, INC.   |  |   |   |  |  |
| Principal Place of Business<br>23011 FRONT BCH RD<br>PANAMA CITY BEACH, FL 32413  |  | -Mailing Address<br>23011 FRONT BCH RD<br>PANAMA CITY BEACH, FL 32413           |   |  |  |
| 2. Principal Place of Business  |  | 3. Mailing Address  |   |  |  |
| Suite, Apt. #, etc.   |  | Suite, Apt. #, etc.   |   |  |  |
| City & State  |  | City & State  |   | 4. FEI Number<br>59-2585206  |  |
| Zip   |  | Country   |   | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required |  |
| 6. Name and Address of Current Registered Agent   |  |   | 7. Name and Address of New Registered Agent   |  |  |
| HESS, BRIAN<br>9108 FRONT BEACH RD<br>PANAMA CITY BCH., FL 32408  |  |   | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City <b>FL</b> Zip Code |  |  |
| 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____   |  |   |   |  |  |
| Filing Fee is \$61.25 Due by May 1, 2005  |  | 9. Election Campaign Financing <input type="checkbox"/> Trust Fund Contribution |   | \$5.00 May Be Added to Fees  |  |
| Make check payable to Florida Department of State   |  |   |   |  |  |
| 10. OFFICERS AND DIRECTORS  |  |   | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10                                 |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | TD<br>MACDONALD, WILLIAM<br>227 BLUEGRASS DR.<br>HENDERSONVILLE, TN 37075  | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | D  | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | D<br>SKIPPER, BARBARA<br>150 LAKESIDE DR.<br>PEACHTREE CITY, GA 30269      | <input checked="" type="checkbox"/> Delete                                      | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | TD<br>JAMES R. PAXTON<br>38 FOXCHASE DRIVE<br>DOTHAN, AL 36305                           | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | PD<br>EDSON, RONALD A.<br>1023 FIELDSTONE ROAD<br>GROVETOWN, GA            | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | 317 FAIR OAKS CT.<br>MARTINEZ, GA 30907  | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | D<br>GORDON, MCKELVEY<br>6031 SUNRISE CIR.<br>FRANKLIN, TN 37067           | <input checked="" type="checkbox"/> Delete                                      | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | D<br>MARTHA NOFFETT<br>280 NOLAND PIKE<br>SIMPSONVILLE, KY 40067                         | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | D<br>PARKER-MILLER, BETHANY<br>5715 GREEN ISLAND DR.<br>COLUMBUS, GA 31904 | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | D<br>PEPPENHORST, BILL<br>158 FAIROAKS ST<br>GADSDEN, AL 35901             | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | VP D   | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: <u>Ronald A. Edson</u>   |  |   | FEB 13, 2005  |  | 706-829-4662   |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  |  |   | Date  |  | Daytime Phone #  |