

2006 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
Jun 02, 2006
Secretary of State

DOCUMENT# N09526

Entity Name: ONE SEAGROVE PLACE OWNER'S ASSOCIATION, INC.**Current Principal Place of Business:**4100 E CO HWY 30-A
SANTA ROSA BEACH, FL 32459 US**New Principal Place of Business:****Current Mailing Address:**4100 E CO HWY 30-A
SANTA ROSA BEACH, FL 32459 US**New Mailing Address:****FEI Number:** 59-2524325 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)****Name and Address of Current Registered Agent:**NEWMANN, RAYMOND F JR
348 MIRACLE STRIP PARKWAY SW
SUITE 7
FORT WALTON BEACH, FL 32548 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: JONES, BARBARA
Address: 1045 MALBROUGH DRIVE
City-St-Zip: ALPHARETTA, GA 30004**Title:** P/D () Delete
Name: RUSSELL, DAVID
Address: 114 EDGEWOOD WAY
City-St-Zip: PEWEE VALLEY, KY 40056**Title:** T/D () Delete
Name: BARKER, CARL
Address: 2518 WILDWOOD DR
City-St-Zip: MONTGOMERY, AL 36111**Title:** VPD () Delete
Name: WALKER, JIM
Address: 9498 CROCKETTE ROAD
City-St-Zip: BRENTWOOD, TN 37027**Title:** S/D () Delete
Name: KAUFMAN, MIKE
Address: 2685 JAMERSON RD
City-St-Zip: MARIETTA, GA 30066**Title:** () Delete
Name:
Address:
City-St-Zip:**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:** VP/D (X) Change () Addition
Name: WALKER, JIM
Address: 9498 CROCKETTE ROAD
City-St-Zip: BRENTWOOD, TN 37027**Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** M () Change (X) Addition
Name: TOMMAS, MARY J
Address: 4100 E COUNTY HWY 30-A
City-St-Zip: SANTA ROSA BEACH, FL 32459

I hereby certify that the information supplied with this filing does not qualify for the 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: MARY JO TOMMAS

M

06/02/2006

Electronic Signature of Signing Officer or Director

Date