2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2007
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 ( )**

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:	VP/D	( ) 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:	M	( ) Delete
Name:	TOMMAS, MARY J	
Address:	4100 E COUNTY HWY 30-A	
City-St-Zip:	SANTA ROSA BEACH, FL 32459	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	D	(X) Change ( ) Addition
Name:	NIPAVER, JOHN	
Address:	1441 HEDGEWOOD LANE	
City-St-Zip:	KENNESAW, GA 30152	
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 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 04/23/2007

Electronic Signature of Signing Officer or Director — Date