


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2006 8:00 am
Secretary of State

04-21-2006 90125 026 ****61.25

DOCUMENT # N10442	
1. Entity Name POOLSIDE VILLAS OWNERS' ASSOCIATION, INC.	

Principal Place of Business 300 GULFSHORE DR DESTIN, FL 32540 US	Mailing Address P.O. BOX 1339 DESTIN, FL 32540 US
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20034275



2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

04182006 Chg-NP CR2E037 (11/05)

4. FEI Number 59-2859640		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 HOPKINS, BILL CAM 10859 EMERALD COURT PKWY STE 4-310 MIRAMAR BEACH, FL 32550		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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: *Bill Cam Hopkins*, Community Assn Mgr. DATE: *4/18/06*

(NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25 Due by May 1, 2006	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE VPD	<input type="checkbox"/> Delete	TITLE PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME CATES, CHUCK		NAME	
STREET ADDRESS 510 TANA CREST CIR.		STREET ADDRESS	
CITY-ST-ZIP ATLANTA, GA 30328		CITY-ST-ZIP	
TITLE SD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME O'BERC, ROGER		NAME	
STREET ADDRESS 140 COUNTRY CLUB DR		STREET ADDRESS	
CITY-ST-ZIP DESTIN, FL 32541		CITY-ST-ZIP	
TITLE D	<input checked="" type="checkbox"/> Delete	TITLE VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME LEWIS, WALKER		NAME MICHAEL SCASNY	
STREET ADDRESS 703 AUSTIN DR.		STREET ADDRESS 300 SANDALIN LANE	
CITY-ST-ZIP SMYRNA, GA 30082		CITY-ST-ZIP Peachtree City, GA 30269	
TITLE PD	<input checked="" type="checkbox"/> Delete	TITLE D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME BAKER, THOMAS		NAME JOSEPH WHITEHEAD	
STREET ADDRESS PO BOX 156		STREET ADDRESS 43 WHETSTONE CLOSE	
CITY-ST-ZIP OWENS CROSS ROADS, AL 35763		CITY-ST-ZIP HILLBROOK, AL 36054	
TITLE D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME MIMMS, EDWIN		NAME	
STREET ADDRESS 1440 BEXHILL DR		STREET ADDRESS	
CITY-ST-ZIP KNOXVILLE, TN 37922		CITY-ST-ZIP	
TITLE D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME KENNARD, ZACK		NAME	
STREET ADDRESS 805 CEDAR LANE, APT 14D		STREET ADDRESS	
CITY-ST-ZIP KNOXVILLE, TN 37912		CITY-ST-ZIP	

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: *For Chuck Cates, Assn. Pres* DATE: *4/18/06* DAYTIME PHONE: *850-650-2800*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR