

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 23, 2007 8:00 am**  
**Secretary of State**

04-23-2007 90084 009 \*\*\*\*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

40075918



**DO NOT WRITE IN THIS SPACE**

04202007 No Chg-NP

CR2E037 (4/06)

4. FEI Number

59-2859640

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$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

**DO NOT WRITE  
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD CATES, CHUCK 510 TANA CREST CIR. ATLANTA, GA 30328
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD O'BERC, ROGER 140 COUNTRY CLUB DR DESTIN, FL 32541
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPO SCASNY, MICHAEL 300 SANDALIN LANE PEACHTREE CITY, GA 30269
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D WHITEHEAD, JOSEPH 43 WHETSTONE CLOSE MILLBROOK, AL 36054
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MIMMS, EDWIN 1440 BEXHILL DR KNOXVILLE, TN 37922
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D KENNARD, ZACK 805 CEDAR LANE, APT 14D KNOXVILLE, TN 37912

**DO NOT WRITE  
IN THIS SPACE**

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:** *William A Hopkins CAM*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*4/20/07*  
Date

*850 650-2800*  
Daytime Phone #