2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N10442

FILED Mar 31, 2008 Secretary of State

Entity Name: POOLSIDE VILLAS OWNERS' ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business: 300 GULFSHORE DR DESTIN, FL 32540 **Current Mailing Address: New Mailing Address:** P.O. BOX 1339 DESTIN, FL 32540 US FEI Number: 59-2859640 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: HOPKINS, BILL CAM CRESSE, JEFFERY J CAM 10859 EMERALD COURT PKWY 4051 KATS COURT DESTIN, FL 32541 US STE 4-310 MIRAMAR BEACH, FL 32550 US 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: JEFFERY J CRESSE 03/31/2008 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition CATES, CHUCK Name: Name: 510 TANA CREST CIR. Address: Address: City-St-Zip: ATLANTA, GA 30328 City-St-Zip: Title: SD () Delete Title: () Change () Addition O'BERC, ROGER Name: Name: Address: 140 COUNTRY CLUB DR Address: City-St-Zip: DESTIN, FL 32541 City-St-Zip: Title: VPD () Delete Title: () Change () Addition SCASNY, MICHAEL Name: Name: 300 SANDALIN LANE Address: Address: City-St-Zip: PEACHTREE CITY, GA 30269 City-St-Zip: () Delete Title: Title: () Change () Addition Name: WHITEHEAD, JOSEPH Name: Address: 43 WHETSTONE CLOSE Address: City-St-Zip: MILLBROOK, AL 36054 City-St-Zip: Title: () Delete Title: (X) Change () Addition MIMMS, EDWIN BARBER, BEVERLY Name: Name: 1440 BEXHILL DR 454 CREEK SIDE DRIVE Address: Address: City-St-Zip: KNOXVILLE, TN 37922 City-St-Zip: LEESBURGE, GA 31763 Title: () Delete Title: () Change () Addition KENNARD, ZACK Name: Name: Address: 805 CEDAR LANE, APT 14D Address: KNOXVILLE, TN 37912 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: ROGER O'BERC SD 03/31/2008