2006 NGT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

May 04, 2006 8:00 am Secretary of State DOCUMENT # N11139 1. Entity Name 05-04-2006 90204 007 ****61.25 BEACHFRONT II OWNERS' ASSOCIATION, INC. Principal Place of Business Mailing Address 145 BEACHFRONT TRAIL 4987 E. COUNTY RD SANTA ROSA BEACH FL 32459 HWY 30A SANTA ROSA BEACH FL 32459 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E037 (10/05) Applied For City & State City & State 4. FE! Number 59-2590754 Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent - MERRILL, ELISABETH Street A 4987 E COUNTY RD HWY 30A SANTA ROSA BEACH FL 32459 Zip Code 37 W 8. The above named entry submits 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 regist ed agent. SIGNATURE agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Make Check Payable to \$5.00 May Be П Trust Fund Contribution. Due By May 1, 2006 Added to Fees Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. THILE ☐ Change Addition THEF bson, Mike VENDEUSEN, JEFF NAME. NAME 6265 BENNETT STREET STREET ADDRESS STREET ADDRESS WILLIAMSON NY 14589 CITY-ST-ZIP CITY-SI-ZIP ☐ Addition TITLE Delete eum, Anneliese TAUCHTON, SUZAN NAME NAME 326 PALACE DRIVE STREET ADDRESS STREET ADDRESS TRUSSVILLE AL 35173 CITY-ST-ZIP CITY-ST-7IP ☐ Delete TITLE Change Addition TITLE SAPP Lucresia OPPENHEIM, ANNELIESCE NAME 3900 ROYAL OAKS COURT STREET ADDRESS STREET ADDRESS 0ainstano, GA 30401 CITY-ST-ZIP TALLAHASSEE FL 32309 CITY-ST-ZIP TITLE TITLE Duke, Brenda DOUGHERTY, JOHN NAME P.O. BOX 663 STREET ADDRESS STREET ADDRESS 10 Woodcliff court Newman, GA 3 CHIPLEY FL 32428 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete SAPP, LUCRESIA NAME 441 KITE ROAD STREET ADDRESS STREET ADDRESS SWAINSBORO GA 30401 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ■ Addition NAME MAME

I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 eath; that I am an efficer 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

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-719

850 585 974P

FILED