2009 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

Apr 02, 2009 DOCUMENT# N44798 Secretary of State

Entity Name: CARILLON BEACH ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

115 CARILLON MARKET ST STE 212

PANAMA CITY BEACH, FL 32413 US

New Mailing Address: Current Mailing Address:

115 CARILLON MARKET ST STE 212

PANAMA CITY BEACH, FL 32413 US

FEI Number: 59-3084445 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:

SHIPMAN, GARY A ESQ 1414 COUNTY HWY 283 S STE. B SANTA ROSA BEACH, FL 32459 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:

Date

Electronic Signature of Registered Agent

FILED

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

() Delete (X) Change () Addition WILLIAMS, JIM WILLIAMS, JIM Name: Name:

4510 OLDE PLANATATION PLACE Address: 4510 OLDE PLANTATION PLACE Address:

City-St-Zip: DESTIN, FL 32541 City-St-Zip: DESTIN, FL 32541

Title: VD Title: VD (X) Change () Addition () Delete

PITTMAN, JAN Name: PITTMAN, JAN Name: Address: 314 BEACHSIDE DR Address: 314 BEACHSIDE DR City-St-Zip: PANAMA CITY BEACH, FL 32413 City-St-Zip: CARILLON BEACH, FL 32413

Title: VD. () Delete Title: VD (X) Change () Addition

BARNETT, JOHN MANDULA, JANE Name: Name:

272 S MT PLEASANT AVE 2355 SADDLESPRINGS DR Address: Address: City-St-Zip: MONROEVILLE, AL 36460 City-St-Zip: ALPHARETTA, GA 30004

Title: SD () Delete Title: SD (X) Change () Addition Name: MANDULA, JANE Name: BARNETT, JOHN

2355 SADDLESPRINGS DR 272 S. MT. PLEASANT AVENUE Address: Address: City-St-Zip: ALPHARETTA, GA 30004 City-St-Zip: MONROEVILLE, AL 36460

Title: () Delete Title: (X) Change () Addition

KIRCHER, PETER KIRCHER, PETER Name: Name:

100 SE 2ND ST, STE. 3920 150 W. FLAGLER ST. STE. 2050 Address: Address:

City-St-Zip: MIAMI, FL 33131 City-St-Zip: MIAMI, FL 33130

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: GARY A. SHIPMAN RΑ 04/02/2009