


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 21, 2008 8:00 am
Secretary of State

02-21-2008 90025 033 ****61.25

| | | | | | |
|---|---|---|---|---|--|
| DOCUMENT # N50385 1. Entity Name PORT OF CALL OWNERS' ASSOCIATION, INC. | | | |  | |
| Principal Place of Business 57 NEWMAN DR DESTIN, FL 32550 US <i>MIRAMAR BEACH, FL 32550</i> | | | Mailing Address 57 NEWMAN DR DESTIN, FL 32550 US <i>MIRAMAR BEACH, FL 32550</i> | | |
| 2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. | | | 3. Mailing Address Suite, Apt. #, etc. | | |
| City & State Zip Country | | | City & State Zip Country | | |
| 4. FEI Number 59-3165345 | | | Applied For Not Applicable | | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | | \$8.75 Additional Fee Required | | |
| 6. Name and Address of Current Registered Agent NEAVES, CLARK 104 NEWMAN DR DESTIN, FL 32550 <i>MIRAMAR BEACH, FL 32550</i> | | | 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 _____ (NOTE: Registered Agent signature required when registering) DATE _____ | | | | | |
| Filing Fee is \$61.25 Due by May 1, 2008 | | 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 | | | | | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD MCCORMICK, JOE 182 NEWMAN DR DESTIN, FL 32550 | <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD CAROL PILCHER 600 TWEN LAKE ROAD WAVERLY HALL, GA 31831-2205 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | TD NEAVES, CLARK 104 NEWMAN DR DESTIN, FL 32550 <i>MIRAMAR BEACH, FL 32550</i> | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | D DAVID CRAWFORD 13866 COUNTY ROAD 12 FAYETTA, AL 35555-3937 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VD SIMMONS, RON 7 PORT OF CALL MIRAMAR BEACH, FL 32550 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | SD HARRISON, JULIE #35 PORT OF CALL MIRAMAR BEACH, FL 32550 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D VENATORI, LYNN 128 NEWMAN DR DESTIN, FL 32550 | <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 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: <i>Clark Neaves</i> CLARK NEAVES | | | Date: 2/19/08 Daytime Phone #: 706-581-6642 | | |