## 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N93000004173

FILED Aug 21, 2007 Secretary of State

Entity Name: SAILMAKER COVE OWNERS' ASSOCIATION, INC. **Current Principal Place of Business: New Principal Place of Business:** 5573 BRENTWATER PLACE 7352 SPINNAKER COURT GULF BREEZE, FL 32563 NAVARRE BEACH, FL 32566 **Current Mailing Address: New Mailing Address: POB 702** GULF BREEZE, FL 32563 FEI Number: 59-3303732 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Name and Address of Current Registered Agent: Name and Address of New Registered Agent: CLARKIN, VICTORIA 1304 PANTERIO DR PENSACOLA, FL 32561 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: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: ( ) Delete (X) Change ( ) Addition SILVESTRI, ROBERT LT. COL WALDEN, EDWARD Name: Name: Address: 550 E. MAXWELL BLVD. Address: 7352 SPINNAKER COURT City-St-Zip: MAXWELL AFB, AL 36112 City-St-Zip: NAVARRE BEACH, FL 32566 Title: () Delete Title: () Change () Addition PETERSON, STEVEN Name: Name: Address: P.O. BOX 1616 Address: City-St-Zip: SANTA ROSA BEACH, FL 32459 City-St-Zip: Title: () Delete Title: () Change () Addition CLARKIN, VICTORIA Name: Name: 1304 PANFERIO DR. Address: Address: City-St-Zip: PENSACOLA BEACH, FL 32561 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: VICTORIA CLARKIN T 08/21/2007