

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # N93000004173

1. Entity Name
SAILMAKER COVE OWNERS' ASSOCIATION, INC.



Principal Place of Business
7352 SPINNAKER COURT
NAVARRE BEACH, FL 32566

Mailing Address
POB 702
GULF BREEZE, FL 32563

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

CLARKIN-VICTORIA
1304 PANTERIO DR
PENSACOLA, FL 32561

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

Victoria Clarkin

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

3/18/08

DATE

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution.

**\$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 P Delete
NAME WALDEN, EDWARD
STREET ADDRESS 7352 SPINNAKER COURT
CITY-ST-ZIP NAVARRE BEACH, FL 32566

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE V Delete
NAME PETERSON, STEVEN
STREET ADDRESS P.O. BOX 1016
CITY-ST-ZIP SANTA ROSA BEACH, FL 32459

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE T Delete
NAME CLARKIN, VICTORIA
STREET ADDRESS 1304 PANTERIO DR.
CITY-ST-ZIP PENSACOLA BEACH, FL 32561

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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: *Victoria Clarkin*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/27/08

850-932-8072

Date

Daytime Phone #

**FILED
Apr 11, 2008 8:00 am
Secretary of State**

04-11-2008 90029 007 ****61.25

40064570



02132008 Chg-NP CR2E037 (12/06)