2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 10, 2007
Secretary of State

DOCUMENT# N94000005404

Entity Name: GULF VISTA TOWNHOMES ASSOCIATION OF WALTON CO., INC.

Current Principal Place of Business:

50 GOSSAMER LANE
PANAMA CITY BEACH, FL 32413 US

New Principal Place of Business:

Current Mailing Address:

50 GOSSAMER LANE
15
PANAMA CITY BEACH, FL 32413 US

New Mailing Address:

FEI Number: 59-3294132 **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:

COLVILLE, MARY J
180CLAREON DR
PANAMA CITY BEACH, FL 32413 US

Name and Address of New Registered Agent:

NELSON, MARGARET E
50 GOSSAMER LANE #10
PANAMA CITY BEACH, FL 32413 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: MARGARET E. NELSON 05/10/2007
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: WILSON, BOB
Address: 50 GOSSAMER LN #18
City-St-Zip: PANAMA CITY BCH, FL 32413

Title: T ( ) Delete
Name: NELSON, MARGARET
Address: 50 GOSSAMER LN #10
City-St-Zip: PANAMA CITY, FL 32413

Title: VPS ( ) Delete
Name: COLVILLE, MARY J
Address: 50 GROSSAMER LN #15
City-St-Zip: PANAMA CITY BCH, FL 32413

Title: D ( ) Delete
Name: GRAHAM, RAY
Address: 50 GOSSAMER LN #3
City-St-Zip: PANAMA CITY BEACH, FL 32413

Title: D ( ) Delete
Name: VOGEL, KEN
Address: 50 GOSSAMER LN #10
City-St-Zip: PANAMA CITY BEACH, FL 32413

Title: D ( ) Delete
Name: FRANCES, PHIL
Address: 50 GOSSAMER LN #14
City-St-Zip: PANAMA CITY, FL 32413

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
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: MARGARET E. NELSON TREA 05/10/2007
Electronic Signature of Signing Officer or Director Date