2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2008
Secretary of State

DOCUMENT# N95000002638

Entity Name: SOUTHWINDS AT SANDESTIN CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

215 GRAND BLVD
SUITE 200
MIRAMAR BEACH, FL 32550 US

New Principal Place of Business:

Current Mailing Address:

215 GRAND BLVD
SUITE 200
MIRAMAR BEACH, FL 32550 US

New Mailing Address:

FEI Number: 59-3375724 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SHIPMAN, GARY A ESQ.
1414 CO. HWY. 283 SOUTH
SUITE B
SANTA ROSA BEACH, FL 32459 US

Name and Address of New Registered Agent:

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:

Title: DT ( ) Delete
Name: GASTAUER, JIM
Address: 415 WHISPERING WIND LN
City-St-Zip: ALPHARETTA, GA 300224005 US

Title: D ( ) Delete
Name: WRIGHT, AL
Address: 3735 TANGLEWOOD CT
City-St-Zip: AN ARBOR, MI 48105 US

Title: DV ( ) Delete
Name: BROCK, RICK
Address: 9819 NORTH COLUMBIA DR
City-St-Zip: MEQUON, WI 53092 US

Title: DP ( ) Delete
Name: DIETZEN, GARY
Address: 104 RIVER BEND CIR
City-St-Zip: LAFAYETTE, LA 70508 US

Title: DS ( ) Delete
Name: KEENEY, BONNIE
Address: 1461 BAYTOWNE AVE
City-St-Zip: MIRAMAR BEACH, FL 32550 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: DS (X) Change ( ) Addition
Name: WRIGHT, AL
Address: 3735 TANGLEWOOD CT
City-St-Zip: AN ARBOR, MI 48105 US

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

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

Title: D (X) Change ( ) Addition
Name: MILLER, TOM
Address: 10936 CAMOUSTIE LN
City-St-Zip: FORT WAYNE, IN 46814 US

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: AL WRIGHT S 04/24/2008

Electronic Signature of Signing Officer or Director — Date