2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000004617

FILED Apr 10, 2007 Secretary of State

Entity Name: THE RETREAT OF SOUTH WALTON COUNTY HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business: 10221 EMERALD COAST PARKWAY WEST SUITE 23 MIRAMAR BEACH, FL 32550 **New Mailing Address: Current Mailing Address:** 10221 EMERALD COAST PARKWAY WEST SUITE 23 MIRAMAR BEACH, FL 32550 FEI Number: 59-3401095 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: GELDER, JAY B 10221 EMERALD COAST PARKWAY WEST SUITE 23 MIRAMAR BEACH, FL 32550 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 FLAUTT, FRANK FLAUTT, FRANK Name: Name: 200 GRAND AVE. #205B Address: 200 GRAND AVE. #205B Address: City-St-Zip: MIRAMAR BEACH, FL 32550 City-St-Zip: MIRAMAR BEACH, FL 32550 Title: PD () Delete Title: D (X) Change () Addition LOVELL, DAVE Name: LOVELL, DAVE Name: Address: 27 SANDCASTLE CT. Address: 27 SANDCASTLE CT. City-St-Zip: SANTA ROSA BEACH, FL 32459 City-St-Zip: SANTA ROSA BEACH, FL 32459 Title: STD Title: **VPD** (X) Change () Addition () Delete RESTER, JIM EBERSFIELD, ED Name: Name: 675-2 WEST PACES FERRY ROAD NW Address: 176 WEST BERMUDA DR. Address: City-St-Zip: SANTA ROSA BEACH, FL 32459 City-St-Zip: ATLANTA, GA 30327 Title: () Delete Title: STD (X) Change () Addition Name: POTTER, BILL Name: LINDER, BILL 755 GRAND BLVD B105-298 Address: TTE 249 N. BLUE HERON DR. Address: City-St-Zip: SANTA ROSA BEACH, FL 32459 City-St-Zip: MIRAMAR BEACH, FL 32550 Title: () Delete Title: () Change () Addition ESTIS, DENNIS Name: Name: 3592 WAVERLY CIRCLE Address: Address: City-St-Zip: DESTIN, FL 32541 City-St-Zip: Title: () Delete Title: () Change () Addition PATTON, CLYDE Name: Name: Address: 6472 MAY CREEK COVE Address: MEMPHIS, TN 38119 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: FRANK FLAUTT PD 04/10/2007