2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

Apr 09, 2007 8:00 am Secretary of State

1. Entity Nam	MENT # N96000005 AT TOPS'L HOMEOWNER						04-09-20	007 90057	033 ****(51.25
Principal Place of Business 9001 HWY 98 WEST		Mailing Address 9001 HWY 98 WEST					401193	242		
DESTIN, FL		DESTIN, FL 32550 US				•		•		
2. Principal P	Place of Business - No P.O. Box #	3. Mailing Address								
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				01242007	Chg-NP	CR2E	37 (12/06)	
City & State	e	City & State				4. FEI Number 59-341			—	pplied For
Zip	Country	Zip	Cou	ıntry			of Status Desire	ed 🔲	\$8.75 Ad	
	6. Name and Address of Current F	Registered Agent	L		1	7. Name and	Address of Ne		Fee Requir	ed
OBINGLES			·	Name OL	1 Y M		NEWMA			
GRIMSLEY, JAMES W 25 WALTER MARTIN ROAD NE				Street Add	Idress (F	P.O. Box Numb	er is Not Accept	able)	<u>.</u>	
FURT WA	LTON BEACH, FL 32548	!			TE :				-	·
						LTON BE	ACH	FI	Zip Cod	de 44.8
	named entity submits this statement for ions of registered agent.	the purpose of changing its	registere					f Florida. I an	n familiar with	, and accept
SIGNATURE .										
ordin trone :	Signature, typed or printed name of registered agent a	nd title if applicable. (NOTE	E: Registered	d Agent signature	re required	when reinstating)		DATE		
·	Filing Fee is \$61.25	9. Election Can	npaign F	inancing _		\$5.00 May 6		Make che	ck payable	
	Filing Fee is \$61.25 Due by May 1, 2007	9. Election Car Trust Fund C	npaign F Contributi	inancing _		\$5.00 May 8 Added to Fees	<u> </u>	Make chee	rtment of S	State
10.	Filing Fee is \$61.25	9. Election Can Trust Fund C	npaign F	inancing ion. E	□ PD	\$5.00 May 6 Added to Fees	IANGES TO OFF	Make chee	rtment of S	State
10. TITLE NAME	Filing Fee is \$61.25 Due by May 1, 2007 OFFICERS AND DIR PD FORSDICK, H. LANCE	9. Election Can Trust Fund C	npaign F Contributi 11.	inancing ion. E	□ PD BURRE	\$5.00 May 8 Added to Fees DDITIONS/CH	IANGES TO OFF	Make chec Florida Depa	DIRECTORS II	N 10
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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:	Belief Breeze	SERT BURRES	r 3/23/07	850-267-9242
	SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICE	Date	Daytime Phone #	