2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000002683

FILED Apr 29, 2006 Secretary of State

Entity Name: THE VILLAS AT SANTA ROSA BEACH OWNERS ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business: 7 TOWN CENTER LOOP C-16 SANTA ROSA BEACH, FL 32459 US **New Mailing Address: Current Mailing Address:** PO BOX 1247 SANTA ROSA BEACH, FL 32459 US FEI Number: 59-3521038 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: STENBERG, CYNTHIA T 56 SPIRES LANE #17A SANTA ROSA BEACH, FL 32459 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 SIM, BALKCOIN JIM, BALKCOIN Name: Name: # 50 THE PARKS DC, 78 LINDBERG DR Address: # 50 THE PARKS DC, 78 LINDBERG DR Address: City-St-Zip: ATLANTA, GA 30305 City-St-Zip: ATLANTA, GA 30305 Title: Title: SD (X) Change () Addition () Delete ROSS, GEVENA Name: ROSS, GEVENA Name: Address: 77 CJATEAI :A TPIR Address: 77 CHATEAU LATOUR City-St-Zip: KENNER, LA 70065 City-St-Zip: KENNER, LA 70065 Title: STD () Delete Title: PD (X) Change () Addition COX, CHAN COX, CHAN Name: Name: P.O BOX 660847 Address: P.O BOX 660847 Address: City-St-Zip: BIRMINGHAM, AL 35266 City-St-Zip: BIRMINGHAM, AL 35266 Title: PD () Delete Title: D (X) Change () Addition Name: MITCHELL, ROYCE Name: MITCHELL, ROYCE Address: 247 MULBERRY Address: 247 MULBERRY City-St-Zip: MANDEVILLE, LA 70471 City-St-Zip: MANDEVILLE, LA 70471 Title: () Delete Title: () Change (X) Addition CRICHTON, SCOTT Name: Name: 501 TEXAS AVE SUITE 300D Address: Address: City-St-Zip: City-St-Zip: SHREVEPORT, LA 71101

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: CHAN COX PRES 04/29/2006