2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000004020

FILED Feb 24, 2006 Secretary of State

Entity Name: ST. LUCIA AT SILVER SHELLS CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

New Principal Place of Business:

C/O RESORT DEVELOPMENT 15100 EMERALD COAST PARKWAY DESTIN, FL 32541

DESTIN, FL 32541

New Mailing Address:

Current Mailing Address:

C/O RESORT DEVELOPMENT

15300 EMERALD COAST PARKWAY

DESTIN, FL 32541

15000 EMERALD COAST PARKWAY DESTIN, FL 32541

SALVATORI & WOOD, P.L

NAPLES, FL 341033060 US

FEI Number: 59-3568351 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:

BECKER & POLIAKOFF, P.A. 348 SW MIRACLE STRIP PARKWAY

SUITE 7

FORT WALTON BEACH, FL 32548 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: RAYMOND F. NEWMAN, JR.

4001 TAMIAMI TRAIL NORTH STE 330

02/24/2006

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD () Delete Name: BECNEL, THOMAS R

Name: BECNEL, IHOWAS R

Address: 15000 EMERALD COAST PKWY

City-St-Zip: DESTIN, FL 32541

Title: VSD () Delete

Name: BECNEL, CARLA

Address: 15000 EMERALD COAST PKWY

City-St-Zip: DESTIN, FL 32541

Title: T () Delete

Name: OLSEN, RODNEY
Address: 15000 EMERALD COAST PKWY

City-St-Zip: DESTIN, FL 32541

Title: PRES (X) Change () Addition

Name: HAFENDORFER, JIM
Address: 550 O'BYRNE AVENUE
City-St-Zip: LOUISVILLE, KY 40223

Title: S/T (X) Change () Addition

Name: SCOGGINS, BRONNA Address: 768 MILL STREAM ROAD

City-St-Zip: PONTE VEDRA BEACH, FL 32082

Title: D (X) Change () Addition

Name: SKELTON, STAN
Address: 4349 NEW HOPE ROAD
City-St-Zip: COLUMBUS, MS 39702

MGR

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: ROBERT W. HARRISON

Electronic Signature of Signing Officer or Director

02/24/2006 Date