2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED May 02, 2005 8:00 am Secretary of State

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ANNUAL REPORT

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SIGNATURE:

THE VILLAS AT SUNSET BEACH OWNERS ASSOCIATION, INC. Principal Place of Business Mailing Address **GARRETT REALTY SERV INC** THE VILLAS AT SUNSET BEACH 3723 EAST C30 A POT OFFICE BOX 4893 SEAGROVE BEACH, FL 32459 SANTA ROSA BEACH, FL 32459 2. Primipal Plage of Business 04272005 Chg-NP CR2E037 (10/03) City & State EASIDE FL 4. FEI Number 59-3581516 City & State Applied For Not Applicable **Country** \$8.75 Additional 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent LEUZE GARRETT REALTY SERVICES INC Street Address (P.O. Box Number is Not Acceptable) 3723 E C 30A SANTA ROSA BEACH, FL 32459 1064 E. County Huy 30-A 8. The above named entity submits this statement for the purpose of changing its registered diffice or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of regist SIGNATURE 9. Election Campaign Financing \$5.00 May Be Filing Fee Is \$61.25 Make check payable to Trust Fund Contribution. Florida Department of State Due by May 1, 2005 Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11 STD TITLE ☐ Delete TITLE ☐ Addition TRIPP. PATRICIA NAME NAME 6530 KIRBY FOREST COVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MEMPHIS, TN 38119 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition WEBSTER, JOHN NAME NAME STREET ADDRESS 7951 YORK HAVEN RD. STREET ADDRESS MOBILE, AL 36695 CITY. ST. 7IP CITY-ST-ZIP TITLE Delete ☐ Addition TITLE ☐ Change EATON, LELAND NAME NAME STREET ADDRESS 922 BRISTOL LN STREET ADDRESS HOMEWOOD, AL 35226 CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition RODELL, KAREN NAME NAME 7124 MANOR WOODS CT. STREET ADDRESS STREET ADDRESS GERMANTOWN, TN 38138 CITY-ST-ZIP CITY-ST-ZIP Delete TITLE TITLE Change ☐ Addition HARTON, PAUL NAME NAME STREET ADDRESS 22 HASTINGS DR. STREET ADDRESS CITY-ST-ZIP CARTERSVILLE, GA 30120 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(1), 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.

TURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR