

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2006 8:00 am
Secretary of State

05-03-2006 90257 015 ****61.25

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DOCUMENT # N99000003572 1. Entity Name THE VILLAS AT SUNSET BEACH OWNERS ASSOCIATION, INC.					
Principal Place of Business P O BOX 4946 SANTA ROSA BEACH, FL 32459			Mailing Address P O BOX 4946 SANTA ROSA BEACH, FL 32459		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-3581516	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent LEUZE, DAVID 9064 E CITY HWY 30-A PANAMA CITY BEACH, FL 32413				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 59 Canal St City Santa Rosa Beach FL Zip Code 32459	
8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE <i>David Leuze</i> DAVID LEUZE 5/1/06 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	STD <input checked="" type="checkbox"/> Delete		TITLE	DP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	TRIPP, PATRICIA		NAME	Saxton, Clint	
STREET ADDRESS	6530 KIRBY FOREST COVE		STREET ADDRESS	4260 Nellwood Lane	
CITY-ST-ZIP	MEMPHIS, TN 38119		CITY-ST-ZIP	Memphis TN 38117	
TITLE	PD <input type="checkbox"/> Delete		TITLE	DV <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WEBSTER, JOHN		NAME		
STREET ADDRESS	7951 YORK HAVEN RD.		STREET ADDRESS		
CITY-ST-ZIP	MOBILE, AL 36695		CITY-ST-ZIP		
TITLE	VPD <input checked="" type="checkbox"/> Delete		TITLE	DST <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	EATON, LELAND		NAME	Yarbrough, Beth	
STREET ADDRESS	922 BRISTOL LN		STREET ADDRESS	1102 Colquith Hwy	
CITY-ST-ZIP	HOMEWOOD, AL 35226		CITY-ST-ZIP	Bainbridge GA 39817	
TITLE	D <input checked="" type="checkbox"/> Delete		TITLE		
NAME	HARTON, PAUL		NAME		
STREET ADDRESS	22 HASTINGS DR.		STREET ADDRESS		
CITY-ST-ZIP	CARTERSVILLE, GA 30120		CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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: <i>Clint Saxton</i> Clinton Saxton			Date 5/1/06		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					