2007 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT**

SIGNATURE:

May 01, 2007 8:00 am Secretary of State DOCUMENT # N99000003572 05-01-2007 90050 016 ****61.25 1. Entity Name THE VILLAS AT SUNSET BEACH OWNERS ASSOCIATION, INC. Principal Place of Business Mailing Address 40096533 P 0 BOX 4946 P 0 BOX 4946 SANTA ROSA BEACH, FL 32459 SANTA ROSA BEACH, FL 32459 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04292007 Chg-NP CR2E037 (12/06) 4. FEI Number 59-3581516 City & State City & State Applied For Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name LEUZE, DAVID 59 CANAL ST Street Address (P.O. Box Number is Not Acceptable) SANTA ROSA BEACH, FL 32459 Zip Code FL 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 . (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing Make check payable to Filing Fee is \$61.25 \$5.00 May Be Trust Fund Centribution. Florida Department of State Due by May 1, 2007 Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 DΡ TITLE TITLE ☐ Change Addition Delete HARTON, PAUL 7 GALWAY DR SAXTON, CLINT NAME NAME 4260 NELLWOOD LN STREET ADDRESS STREET ADDRESS ARTERSVILLE GA 30120 MEMPHIS, TN 38117 CITY-ST-ZIP CITY-ST-ZIP DΛ □ Delete TITLE Change ☐ Addition WEBSTER, JOHN NAME NAME 7951 YORK HAVEN RD. STREET ADDRESS STREET ADDRESS MOBILE, AL 36695 CITY-ST-ZIP CITY-ST-ZIP DST TITLE ☐ Delete TITLE ☐ Change ■ Addition YARBROUGH, BETH NAME NAME STREET ADDRESS 1102 COLQUITT HWY STREET ADDRESS CITY-ST-ZIP BAINBRIDGE, GA 39817 CITY-ST-7(P ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Delete ☐ Addition TIT) F TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE □ Change ■ Addition 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 redeiver or tustee 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 a didney it is all other jike empowered.

FILED

Daytime Phone #