2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2008
Secretary of State

DOCUMENT# N99000007233

Entity Name: SILVER BEACH TOWERS WEST CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

1048 HIGHWAY 98 EAST
DESTIN, FL 32541

New Principal Place of Business:

Current Mailing Address:

1050 HWY 98 E
STE 100
DESTIN, FL 32541

New Mailing Address:

FEI Number: 59-3724591 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BECKER & POLIAKOFF, P.A.
348 SW MIRACLE STRIP PARKWAY
SUITE 7
FORT WALTON BEACH, FL 32548 US

Name and Address of New Registered Agent:

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:

Title: PD ( ) Delete
Name: MASON, JOHN
Address: 45 RIDGELAND
City-St-Zip: TUSCALOOSA, AL 35406

Title: ST ( ) Delete
Name: SULLIVAN, GENE
Address: 1048 HWY 98 E, UNIT 1702W
City-St-Zip: DESTIN, FL 32541

Title: D ( ) Delete
Name: MASTANDREA, TONY
Address: 6155 GOLF CLUB DRIVE
City-St-Zip: BRASELTON, GA 30517

Title: D ( ) Delete
Name: LOVEN, LESLIE
Address: 111 INVERNESS CT
City-St-Zip: HENDERSONVILLE, TN 37075

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: JOHN O MASON PD 04/29/2008

Electronic Signature of Signing Officer or Director — Date