2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000007235

FILED Feb 02, 2007 Secretary of State

Entity Name: SILVER BEACH TOWERS PROPERTY OWNERS ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

15000 EMERALD COAST PARKWAY 1050 HWY 98 E DESTIN, FL 32541

STE 100 DESTIN, FL 32541

Current Mailing Address: New Mailing Address:

1050 HWY 98 E 10221 EMERALD COAST PARKWAY WEST

SUITE 23 STE 100 MIRAMAR BEACH, FL 32550 DESTIN, FL 32541

FEI Number: 59-3724593 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:

GELDER, JAY B NEWMAN, RAYMOND F

10221 EMERALD COAST PARKWAY WEST 348 MIRACLE STRIP PKWY SW

SUITE 23

MIRAMAR BEACH, FL 32550 US 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 02/02/2007

> Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

() Delete (X) Change () Addition

MASRANDREA, TONY MASTANDREA, TONY Name: Name: 2725 FLORENCE ANN TERRACE Address: 6155 GOLF CLUB DRIVE Address:

BRASELTON, GA 30517 City-St-Zip: BUFORD, GA 30519 City-St-Zip:

Title: () Delete Title: () Change () Addition

Name: SMITH, ED Name: Address: 1305 SUMMERHILL DR Address: City-St-Zip: MALVERN, PA 19355 City-St-Zip:

Title: () Delete Title: () Change () Addition

MASON, JOHN Name: Name: 45 RIDGELAND Address: Address: City-St-Zip: TUSCALOOSA, AL 35406 City-St-Zip:

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: TONY MASTANDREA PD 02/02/2007