## 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## Apr 14, 2008 8:00 am Secretary of State DOCUMENT # N99000007284 04-14-2008 90044 040 \*\*\*\*61.25 1. Entity Name EN SOLEIL OWNERS ASSOCIATION, INC. Principal Place of Business 40067785 Mailing Address 7505 THOMAS DRIVE P.O. BOX 19348 PANAMA CITY BEACH, FL 32408 PANAMA CITY BEACH, FL 32417 04082008 No Chg-NP CR2E037 (4/06) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3743540 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent WALTERS, ELIZABETH J DO NOT WRITE 221 MCKENZIE AVENUE PANAMA CITY, FL 32401 IN THIS SPACE 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) Filing Fee is \$61.25 9. Election Campaign Financing \$5.00 May Be Due by May 1, 2008 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE RE∓C# RÆCH, ROBERT D JR NAME STREET ADDRESS 119 EUCLID AVE. CITY-ST-7IP BIRMINGHAM, AL 35213 TITLE NAME DERUM, EDWARD J STREET ADDRESS 1020 RIVERSIDE RD. CITY-ST-ZIP ROSWELL, GA 30076 TITLE STEINBRUNNER, BILL STREET ADDRESS 4022 KNOLL WOOD LANE DO NOT WRITE CITY-ST-ZIP ANDERSON, IN 46011 TITLE IN THIS SPACE NAME YEAROUT GUSTY J STREET ADDRESS 2616 CALDWELL MILL LANE CITY-ST-ZIP BIRMINGHAM, AL 35243 TITLE NAME CERVERA, NICHOLAS J STREET ADDRESS 109 VINCENT AVE CITY-ST-ZIP TROY, AL 36089 TITLE

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:

NAME STREET ADDRESS CITY-ST-ZIP