
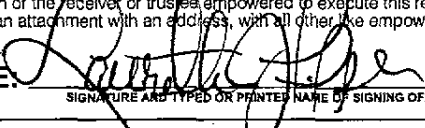


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 27, 2006 08:00 AM
Secretary of State

| | | |
|--|--|---|
| DOCUMENT # P02000114934 1. Entity Name RESORT ASSOCIATION MANAGEMENT, INC. | |  |
| Principal Place of Business 1002 W. 23RD STREET SUITE 400 PANAMA CITY, FL 32405 | Mailing Address 1002 W. 23RD STREET SUITE 400 PANAMA CITY, FL 32405 | |
| DO NOT WRITE IN THIS SPACE | | |
| 6. Name and Address of Current Registered Agent PIPPIN, LAURETTA 1002 W. 23RD STREET SUITE 400 PANAMA CITY, FL 32405 | | DO NOT WRITE 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small> | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
| 10. OFFICERS AND DIRECTORS | | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | D CHAPMAN, JOSEPH F III 1002 W. 23RD STE 400 PANAMA CITY, FL 32405 | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | V CHAPMAN, JOSEPH F IV 1002 W. 23RD ST. STE 400 PANAMA CITY, FL 32405 | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | PT BARR, JIMMY D 1002 W. 23RD ST. STE 400 PANAMA CITY, FL 32405 | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | S PIPPIN, LAURETTA J 1002 W. 23RD ST. STE 400 PANAMA CITY, FL 32405 | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | | |
| TITLE NAME STREET ADDRESS 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 607, 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  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | Laretta J. Pippin, Secretary 4/20/06 Date (850) 769-8981 Daytime Phone # |



01112006 No Chg-P CR2E034 (11/05)

| | |
|--|-------------------------------|
| 4. FEI Number 01-0752428 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |

U00000537486
05/09/06-80019-015 150.00

**DO NOT WRITE
IN THIS SPACE**