2006 FOR PROFIT CORPORATION

SIGNATURE:

May 01, 2006 8:00 am Secretary of State ANNUAL REPORT **DOCUMENT # P04000138600** 05-01-2006 90429 016 ***150.00 SEACOAST ASSOCIATION MANAGEMENT, INC. Principal Place of Business Mailing Address 225 MAIN ST 225 MAIN ST 50018261 STE 6 STE 6 DESTIN, FL 32541 DESTIN, FL 32541 P.O. Box 2. Principal Place of Business 895 12273 Hun 98 Suite, Apt. #, etc. Suite, Apt. #, etc. 04282006 CR2E034 (11/05) City & State 4. FEI Number Applied For 20-1769540 DESTIN Not Applicable \$8.75 Additional 5. Certificate of Status Desired 5. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent LEIRER, WALTER 881 KELL-AIRE DR DESTIN, FL 32541 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 4, 28.6 ed agent and title if applicable. (NOTE: Flegistered Agont significate required whon reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2006 Fee will be \$550.00 Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. D TITLE ☐ Delete TITLE ☐ Change ☐ Addition LEIRER, WALTER NAME WALK STREET ADDRESS 881 KELL-AIRE DR STREET ADDRESS CITY-ST-ZIP DESTIN, FL 32541 CITY-ST- AP TITLE Delete ППЕ ☐ Change ☐ Addition NAME SIALAF STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Detete TATLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Oatete TITLE TITLE ☐ Change Addition STREET ADDRESS STREET ACCORESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Detete ☐ Change ■ Addition NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP QTY-57-2P TITLE ☐ Delete III F ☐ Change ■ Addition NAME NA24E STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZP 12. I hereby certify that the information supplied with this fitting 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 left empowered.

FILED