2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 08, 2007 8:00 am
Secretary of State

05-08-2007 90013 034 ***150.00

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04042007 Chg-P CR2E034 (12/06)

DOCUMENT # P06000066390

1. Entity Name
RESORT ASSOCIATION MANAGEMENT SERVICES OF FT. WALTON, INC.

Principal Place of Business
1500 MIRACLE STRIP PARKWAY
FT. WALTON BEACH, FL 32548

Mailing Address
1500 MIRACLE STRIP PARKWAY
FT. WALTON BEACH, FL 32548

2. Principal Place of Business - No P.O. Box #: 1320 Miracle strip Pkwy
Suite, Apt. #, etc.: ste 400
City & State: Ft Walton Beach, FL
Zip: 32548 Country: Okaloosa

3. Mailing Address: 1320 Miracle strip Pkwy
Suite Apt #, etc: ste 400
City & State: Ft Walton Beach, FL
Zip: 32548 Country: Okaloosa

4. FEI Number: 20-4857551 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
SALVATORI & WOOD, PL
4001 TAMIAMI TRAIL NORTH SUITE 330
NAPLES, FL 34103

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2007 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	DIRECTOR FRED E TOLBERT III 1320 Miracle strip Pkwy ste 400 Ft Walton Beach, FL 32548 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Change ☐ Addition
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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: Fred E Tolbert III 4/18/07 850-862-5600
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #