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FILED
Feb 19 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. M... Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P97000017502 (0)

1. Corporation Name

VILLAS AT SANTA ROSA BEACH, INC.

Principal Place of Business

Mailing Address

2100 COUNTRY CLUB DRIVE
LYNN HAVEN FL 32444

2100 COUNTRY CLUB DRIVE
LYNN HAVEN FL 32444

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/20/1997

4. FEI Number

59-3445889

5889

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

P.O. Box 1789

27

Suite, Apt. #, etc.

28

City & State

29

Florida

30

Zip

Country

9. Name and Address of Current Registered Agent

TEW, MARILYN M
2100 COUNTRY CLUB DRIVE
LYNN HAVEN FL 32444

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP
D
TEW, MARILYN M
2100 COUNTRY CLUB DRIVE
LYNN HAVEN FL 32444

TITLE ☒ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP
D
STAHL, GALYN
1717 PALMER DRIVE
LARAMIE WY 82070

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP
D
MITCHELL, ELLIOTT
354 BEACHSIDE DRIVE
PANAMA CITY BEACH FL 32413

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP
D
WEST, CLARK
354 BEACHSIDE DRIVE
PANAMA CITY BEACH FL 32413

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

CR2E034 (10/97)