2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#759056

FILED Apr 21, 2009 Secretary of State

Entity Name: NEEDLE RUSH POINT OWNERS ASSOCIATION, INC.

Current Principal Place of Business:			New Princ	New Principal Place of Business:	
	RDIDO KEY DR DLA, FL 32507	IVE			
Current Mailing Address:			New Mailir	New Mailing Address:	
17119 PERDIDO KEY DRIVE PENSACOLA, FL 32507					
FEI Number: 59-2150395 FEI Number Applied For ()		FEI Number Not Appli	cable () Certificate of Status Desired ()		
Name and Address of Current Registered Agent: Name and Address of New Registered Agent:					
SAUER, JEFFREY T 510 E ZARAGOZA ST PENSACOLA, FL 32502 US					
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.					
SIGNATURE:					
	Electroni	c Signature of Registered Ager	nt	Date	
OFFICERS AND DIRECTORS:			ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	FORTINBERRY,	KEY DR UNIT D21	Title: Name: Address: City-St-Zip:	()Change ()Addition	
Title: Name: Address: City-St-Zip:	VD () MITCHELL, JAC 9911 MILLBROO MOBILE, AL 360	OK DR	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	SD () BURKE, TED 70 OAKLAND AV MOBILE, AL 360		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	TD () BUTLER, JAMES 208 KINGSWOO MOBILE, AL 360	D COURT	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	D () HAMMOCK, RAY 3709 THE CEDA MOBILE, AL 35	LS	Title: Name: Address: City-St-Zip:	D (X) Change () Addition HAMMOCK, RAY 3709 THE CEDARS MOBILE, AL 35223	
Title: Name: Address: City-St-Zip:	D () HOLLINGSWOR 2933 VIRGINIA F BIRMINGHAM, A	RD	Title: Name: Address: City-St-Zip:	D (X) Change () Addition BAKEWELL, MIKE 6 WATERWAY CT. THE WOODLANDS, TX 77380	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KEN FORTINBERRY PD 04/21/2009