

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000012764

FILED
Apr 30, 2009
Secretary of State

Entity Name: ANNABELLA'S TOWNHOMES OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

1815 TURNER WOOD LANE
PANAMA CITY BEACH, FL 32407

New Principal Place of Business:

2827 JOAN AVENUE, SUITE B
PANAMA CITY BEACH, FL 32408

Current Mailing Address:

1815 TURNER WOOD LANE
PANAMA CITY BEACH, FL 32407

New Mailing Address:

P.O. BOX 19115
PANAMA CITY BEACH, FL 32417 US

FEI Number: 20-4256872

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GIOIELLO, JOHN L
404 JENKS AVENUE
PANAMA CITY, FL 32401 US

Name and Address of New Registered Agent:

HOFFMAN, LINDA A
1300 W. MAIN STREET
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: LINDA A. HOFFMAN

04/30/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: WOOD, FRANK D JR.
Address: 1815 TURNER WOOD LANE
City-St-Zip: PANAMA CITY BEACH, FL 32407

Title: D () Delete
Name: WOOD, VALORIE F
Address: 1815 TURNER WOOD LANE
City-St-Zip: PANAMA CITY BEACH, FL 32407

Title: ST () Delete
Name: SHEPARD, W.M.
Address: 1815 TURNERWOOD LANE
City-St-Zip: PANAMA CITY BEACH, FL 32407

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PSD (X) Change () Addition
Name: BRUMFIELD, WILLIAM L JR.
Address: P.O. BOX 1380
City-St-Zip: OCEAN SPRINGS, MS 39566 US

Title: VPTD (X) Change () Addition
Name: ABDO, STEVE
Address: 6724 TUNICA AVENUE
City-St-Zip: BILOXI, MS 39532 US

Title: D (X) Change () Addition
Name: HEMMES, JUDY
Address: C/O P.O. BOX 1380
City-St-Zip: OCEAN SPRINGS, MS 39566 US

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: STEVE ABDO

VPTD

04/30/2009

Electronic Signature of Signing Officer or Director

Date