2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 28, 2009
Secretary of State

DOCUMENT# N27957

Entity Name: ST. CHRISTOPHER BEACH PROPERTY OWNER'S ASSOCIATION, INC.

Current Principal Place of Business:

2265 ST CHRISTOPHER LN
VERO BEACH, FL 32963

New Principal Place of Business:

2295 ST CHRISTOPHER LN
VERO BEACH, FL 32963

Current Mailing Address:

2265 ST CHRISTOPHER LN
2225 ST. CHRISTOPHER LANE
VERO BEACH, FL 32963

New Mailing Address:

2295 ST CHRISTOPHER LN
VERO BEACH, FL 32963

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HOCKENHULL, MARGARET
2265 ST. CHRISTOPHER LN
VERO BEACH, FL 32963 US

Name and Address of New Registered Agent:

WALKER, ROBERTA N
2295 ST. CHRISTOPHER LN
VERO BEACH, FL 32963 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: ROBERTA N WALKER 02/28/2009
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: SD ( ) Delete
Name: KOONTZ, A.J.
Address: 2255 ST. CHRISTOPHER LANE
City-St-Zip: VERO BEACH, FL 32963

Title: PD ( ) Delete
Name: HOCKENHULL, MARGARET
Address: 2265 ST CHRISTOPHER LANE
City-St-Zip: VERO BEACH, FL 32963

Title: VPD ( ) Delete
Name: BUTCHARD, JAMIE W
Address: 2200 ST CHRISTOPHER LANE
City-St-Zip: VERO BEACH, FL 32963

Title: TD ( ) Delete
Name: WALKER, ROBERTA
Address: 2295 ST CHRISTOPHER LANE
City-St-Zip: VERO BEACH, FL 32963

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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: ROBERTA N WALKER TD 02/28/2009
Electronic Signature of Signing Officer or Director Date