2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000002598

FILED Apr 07, 2008 Secretary of State

Entity Name: GREATER DRIFTWOOD ESTATES HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:			New Prince	New Principal Place of Business:		
	ERALD COAS	ST PKWY W				
STE 23 MIRAMAR	BEACH, FL	32550 US				
urrent Mailing Address:			New Mail	New Mailing Address:		
	ERALD COAS	ST PARKWAY WEST				
SUITE 23 //IRAMAR	BEACH, FL	32550				
El Number:	59-3390926	FEI Number Applied For ()	FEI Number Not App	plicable () Certificate of Status Desired ())	
lame and	Address of	Current Registered Agent:	Name and	d Address of New Registered Agent:		
0221 EME STE 23	COAST ASS ERALD COAS BEACH, FL		NC.			
	named entity e of Florida.	submits this statement for the	purpose of changing	its registered office or registered agent, or b	oth,	
SIGNATUF						
	Electro	nic Signature of Registered Ac	jent	Date		
FFICERS	S AND DIREC	CTORS:	ADDITION	NS/CHANGES TO OFFICERS AND DIREC	TORS	
itle: lame: ddress: ity-St-Zip:	EBERHART, J 1144 DRIFTW) Delete ESS OOD POINT RD. BEACH, FL 32459	Title: Name: Address: City-St-Zip:	D (X) Change () Addition EBERHART, JESS 1144 DRIFTWOOD POINT RD. SANTA ROSA BEACH, FL 32459		
itle: lame: .ddress: city-St-Zip:	HOPSON, JIM 1001 DRIFTW) Delete OOD POINT RD. BEACH, FL 32459	Title: Name: Address: City-St-Zip:	DP (X) Change () Addition HOPSON, JIM 1001 DRIFTWOOD POINT RD. SANTA ROSA BEACH, FL 32459		
itle: lame: .ddress: city-St-Zip:	LAUNCH, CIN 130 W. SHIPV		Title: Name: Address: City-St-Zip:	() Change () Addition		
itle: lame: .ddress: city-St-Zip:	OSBORNE, AI 253 DRIFTWO) Delete LAN DOD POINT ROAD BEACH, FL 32459	Title: Name: Address: City-St-Zip:	() Change () Addition		
	,) Delete RIE	Title: Name: Address:	DVP (X) Change () Addition BURETTA, MARIE 178 DRIFTWOOD POINT ROAD		
itle: lame: ddress: :ity-St-Zip:		OOD POINT ROAD BEACH, FL 32459	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: JIM HOPSON PD 04/07/2008