

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 754679

FILED
Apr 06, 2009
Secretary of State

Entity Name: SKIMMER POINT HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

6000 GULFPORT BLVD
ST PETERSBURG, FL 33707 US

New Principal Place of Business:

6000 GULFPORT BLVD
GULFPORT, FL 33707 US

Current Mailing Address:

C/O RESOURCE PROPERTY MGMT.
5901 SUN BLVD., SUITE 200
SAINT PETERSBURG, FL 33715 US

New Mailing Address:

C/O RESOURCE PROPERTY MANAGEMENT
5901 SUN BLVD., SUITE 200
SAINT PETERSBURG, FL 33715 US

FEI Number: 59-2235216

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RESOURCE PROPERTY MANAGEMENT
C/O RESOURCE PROPERTY MGMT.
5901 SUN BLVD., SUITE 200
SAINT PETERSBURG, FL 33715 US

Name and Address of New Registered Agent:

RESOURCE PROPERTY MANAGEMENT
5901 SUN BLVD
SUITE 200
SAINT PETERSBURG, FL 33715 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: PETER DILTS, CMCA

04/06/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: S/T () Delete
Name: KEYES, BILL
Address: 2825 SANBREEZE DR.
City-St-Zip: GULFPORT, FL 33707

Title: P () Delete
Name: GOLDFARB, RICHARD
Address: 5820 SKIMMER PT BLVD
City-St-Zip: GULFPORT, FL

Title: D () Delete
Name: LOVE, H. B.
Address: 5902 PELICAN BAY PLAZA
City-St-Zip: GULFPORT, FL 33707

Title: D () Delete
Name: SUNDEEN, NORMAN
Address: 5950 PELICAN BAY PLAZA
City-St-Zip: GULFPORT, FL 33707

Title: VP () Delete
Name: MARJORIE, MILFORD
Address: 2845 SKIMMER PT DRS
City-St-Zip: GULFPORT, FL 33707

Title: D () Delete
Name: WILLIAMS, HANK
Address: 5947 BAYVIEW CIR. S
City-St-Zip: GULFPORT, FL 33707

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: S/T (X) Change () Addition
Name: CRUPI, FRANK
Address: 2845 SEABREEZE DR.
City-St-Zip: GULFPORT, FL 33707

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

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

Title: () Change () Addition
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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: PETER DILTS, CMCA

MGR

04/06/2009

Electronic Signature of Signing Officer or Director

Date