

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 702793

FILED
Jan 23, 2009
Secretary of State

Entity Name: ELLIOTT'S POINT CHANNEL ASSOCIATION, INC.

Current Principal Place of Business:

372 GARDNER DRIVE
FT WALTON BCH, FL 32548

New Principal Place of Business:

Current Mailing Address:

372 GARDNER DRIVE
FT WALTON BCH, FL 32548

New Mailing Address:

FEI Number: 59-1803952 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

THOROUGH, DOE G.
372 GARDNER DRIVE
FT. WALTON BEACH, FL 32548 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: WILSON, JANET
Address: 368 GARDNER DR NE
City-St-Zip: FORT WALTON BEACH, FL 32548

Title: VP () Delete
Name: HOLGUINN, JOHN
Address: 386 GARDNER DR. NE
City-St-Zip: FORT WALTON BEACH, FL 32548

Title: S () Delete
Name: THOROUGH, DOE G
Address: 372 GARDNER DRIVE N.E.
City-St-Zip: FORT WALTON BEACH, FL 32548

Title: T () Delete
Name: THOROUGH, DOE G
Address: 372 GARDNER DRIVE
City-St-Zip: FT WALTON BEACH, FL

Title: D () Delete
Name: BOURQUE, ART
Address: 88 LAURIE DR
City-St-Zip: FORT WALTON BEACH, FL 32548

Title: D () Delete
Name: PIACENTE, GREG
Address: 398 GARDNER DR
City-St-Zip: FT WALTON BEACH, FL

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:

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: DOE G. THOROUGH

Electronic Signature of Signing Officer or Director

MRS

01/23/2009

_____ Date