2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 29, 2009
Secretary of State

DOCUMENT# 730595

Entity Name: SKIFF POINT ASSOCIATION, INC.

Current Principal Place of Business:

298 SKIFF POINT
CLEARWATER, FL 33767

New Principal Place of Business:

Current Mailing Address:

298 SKIFF POINT
CLEARWATER, FL 33767

New Mailing Address:

FEI Number: 59-1696201 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

DHM, EDITH B
298 SKIFF PT
CLEARWATER BEACH, FL 33767 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: D ( ) Delete
Name: BEADLE, JAMES
Address: 13450 AUGUSTA DR.
City-St-Zip: AUGUSTA, MI 49012

Title: D ( ) Delete
Name: WETHERELL, GAYLE
Address: 298 SKIFFT PT #401
City-St-Zip: CLEARWATER BEACH, FL 33767

Title: D ( ) Delete
Name: NOVAK, LES
Address: 298 SKIFF POINT #102
City-St-Zip: CLEARWATER, FL 33767

Title: D ( ) Delete
Name: REMARK, ROBERT
Address: 11513 STREAM VIEW RD
City-St-Zip: UNIONTOWN, OH 44685

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: JAMES BEADLE D 07/29/2009

Electronic Signature of Signing Officer or Director — Date