2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#733216

FILED Mar 02, 2009 Secretary of State

Entity Name: ASSOCIATION OF SOUTHBAY BY THE GULF CONDOMINIUM, INC.

Current P	rincipal Pla	ice of Business:	New Princ	New Principal Place of Business:			
940 HWY : P O BOX 2 DESTIN, F	246	US	940 HWY 9 DESTIN, F		JS		
Current Mailing Address:			New Maili	New Mailing Address:			
940 HWY : P O BOX 2 DESTIN, F	246	US	PO BOX 24 DESTIN, F		JS		
El Number	: 59-2607446	FEI Number Applied For ()	FEI Number Not Appl	icable ()	Certificate of Status	Desired ()	
Name and	l Address o	f Current Registered Agent:	Name and	Address of	New Registered Ag	gent:	
ATTN: RA 348 MIRA FORT WA The above	LTON BEAC		urpose of changing i	ts registered (office or registered a	agent, or both,	
SIGNATUI							
	Electi	ronic Signature of Registered Age	ent		Date		
OFFICERS AND DIRECTORS:			ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Fitle: Name: Address: City-St-Zip:	TALLENT, T	HORE DRIVE #3055	Title: Name: Address: City-St-Zip:	() Change () Addition		
itle: lame: ddress: city-St-Zip:	T REYNOLDS 236 WINNS ^T LEESBURG	TEAD DR	Title: Name: Address: City-St-Zip:	() Change () Addition		
Fitle: Name: Address: Dity-St-Zip:		() Delete ER & EGG ROAD EN, AL 35750	Title: Name: Address: City-St-Zip:	() Change () Addition		
Fitle: Name: Address: City-St-Zip:	D OTHS, JOE 1262 MEAD BATON ROL	() Delete OW LEA JGE, LA 70808	Title: Name: Address: City-St-Zip:	() Change () Addition		
Fitle: Name: Address: City-St-Zip:	S MISTRETTA 8806 SILVE GERMANTO	•	Title: Name: Address: City-St-Zip:	D () BOND, CHERN 1501 OSBORN STATHAM, GA	N RD		
		() Delete	Title: Name:	VP (RITZI, GREGO) Change (X) Addition		

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: KATHLEEN CRESSE CAM 03/02/2009