

2009 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED
Mar 27, 2009
Secretary of State**

DOCUMENT# 733216

Entity Name: ASSOCIATION OF SOUTHBAY BY THE GULF CONDOMINIUM,INC.**Current Principal Place of Business:**940 HWY 98 EAST
DESTIN, FL 32541 US**New Principal Place of Business:****Current Mailing Address:**PO BOX 246
DESTIN, FL 32541 US**New Mailing Address:**

FEI Number: 59-2607446

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:BECKER & POLIAKOFF
ATTN: RAY NEWMAN
348 MIRACLE STRIP PKWY SW, SUITE 7
FORT WALTON BEACH, FL 32548 US**Name and Address of New Registered Agent:**CHESSEY & BARR, PA
OLD SOUTH CENTRE, SUITE 7102
36468 EMERALD COAST PKWY
DESTIN, FL 32541 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: KATHLEEN CRESSE

03/27/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:Title: P () Delete
Name: TALLENT, TERRY
Address: 900 GULF SHORE DRIVE #3055
City-St-Zip: DESTIN, FL 32541Title: T () Delete
Name: REYNOLDS, DEL
Address: 236 WINNSTEAD DR
City-St-Zip: LEESBURG, GA 31763Title: D () Delete
Name: DAVIS, JOE
Address: 1240 BUTTER & EGG ROAD
City-St-Zip: HAZEL GREEN, AL 35750Title: D () Delete
Name: OTHS, JOE
Address: 1262 MEADOW LEA
City-St-Zip: BATON ROUGE, LA 70808Title: D () Delete
Name: BOND, CHERYL
Address: 1501 OSBORN RD
City-St-Zip: STATHAM, GA 30666Title: VP () Delete
Name: RITZI, GREGORY
Address: 19906 COLLIER RIDGE
City-St-Zip: GUILFORD, IN 47022**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
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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: KATHLEEN CRESSE

CAM

03/27/2009

Electronic Signature of Signing Officer or Director

Date