2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#733358

FILED Apr 04, 2009 Secretary of State

Entity Name: DIXIE SHORES PROPERTY OWNERS ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business: 11580 W. DIXIE SHORES DR CRYSTAL RIVER, FL 34429 US **Current Mailing Address: New Mailing Address:** 11580 W. DIXIE SHORES DR CRYSTAL RIVER, FL 34429 US FEI Number: 59-2480765 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: JANICE KOSTLE-TOMLINSON 11580 W. DIXIE SHORE DR CRYSTAL RIVER, FL 34429 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: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: (X) Change () Addition () Delete COONEY, TOM STEEN, WILLIAM Name: Name: 11954 W. BAYSHORE DR. Address: 11905 W. SUNNYBROOK CT. Address: City-St-Zip: CRYSTAL RIVER, FL 34429 City-St-Zip: CRYSTAL RIVER, FL 34429 Title: Title: () Delete () Change () Addition CARNAVALE, ARTHUR Name: Name: Address: 11941 W. BAYSHORE DR. Address: City-St-Zip: CRYSTAL RIVER, FL 34429 City-St-Zip: Title: () Delete Title: () Change () Addition GALANTE, DIANE Name: Name: 11981 W. BAYSHORE DR. Address: Address: City-St-Zip: CRYSTAL RIVER, FL 34429 City-St-Zip: Title: Title: () Change () Addition () Delete KOSTLE-TOMLINSON, JANICE Name: Name: 11580 W. DIXIE SHORES DR Address: Address: City-St-Zip: CRYSTAL RIVER, FL 34429 City-St-Zip: Title: () Delete Title: () Change () Addition MILLER, ESTHER Name: Name: 11753 W. COQUINTA CT. Address: Address: City-St-Zip: CRYSTAL RIVER, FL 34429 City-St-Zip: Title: () Delete Title: () Change () Addition PATTON JIM Name: Name: Address: 11684 W. BAYSHORE DR. Address: CRYSTAL RIVER, FL 34429 City-St-Zip: 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: JANICE KOSTLE-TOMLINSON T 04/04/2009