2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 01, 2009
Secretary of State

DOCUMENT# 747151

Entity Name: PORT SIDE VILLAS OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

1299 FT. PICKENS RD
PENSACOLA BEACH, FL 32561 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 1093
GULF BREEZE, FL 32562 US

New Mailing Address:

FEI Number: 59-1917887 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WATSON, LINDA
850 FT. PICKENS RD #410
PENSACOLA BEACH, FL 32561 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:	T	( ) Delete
Name:	KELIHER, JOHN	
Address:	2022 DOWNING DR	
City-St-Zip:	PENSACOLA, FL 32505	
Title:	VP	( ) Delete
Name:	BLANFORD, BILL	
Address:	200 PENINSULA BLVD 8204	
City-St-Zip:	GULF SHORES, AL 36542	
Title:	D	( ) Delete
Name:	HAMILTON, DAN	
Address:	8012 MEADOW LAKE RD	
City-St-Zip:	LONGMONT, CO 80503	
Title:	S	( ) Delete
Name:	GILBREATH, KAREN	
Address:	930 BAY CLIFFS RD	
City-St-Zip:	GULF BREEZE, FL 32561	
Title:	P	( ) Delete
Name:	DUNLAP, CAS	
Address:	5200 KELLER SPRINGS #1516	
City-St-Zip:	DALLAS, TX 75248	

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:	

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: KAREN GILBREATH PRES 04/01/2009

Electronic Signature of Signing Officer or Director — Date