2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 21, 2009
Secretary of State

DOCUMENT# 747423

Entity Name: CEDAR COVE TOWNHOUSE OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

401 E. BEACH DRIVE
B-2
PANAMA CITY, FL 32401 US

New Principal Place of Business:

Current Mailing Address:

401 E. BEACH DRIVE
B-2
PANAMA CITY, FL 32401 US

New Mailing Address:

FEI Number: 59-2444314 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

TILLMAN, F R
308 ALLEN AVENUE
PANAMA CITY, FL 32401 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:	PD	( ) Delete
Name:	TILLMAN, F.R,	
Address:	308 ALLEN AVENUE	
City-St-Zip:	PANAMA CITY, FL 32401	
Title:	VPD	( ) Delete
Name:	CREEL, LUOMI	
Address:	401 E. BEACH DR., B-1	
City-St-Zip:	PANAMA CITY, FL 32401	
Title:	STD	( ) Delete
Name:	TARR, JOYCE	
Address:	401 E. BEACH DRIVE B-2	
City-St-Zip:	PANAMA CITY, FL 32401	
Title:	D	( ) Delete
Name:	INGALLS, JENNIFER	
Address:	PO BOX 27201	
City-St-Zip:	PANAMA CITY, FL 32411	
Title:	D	( ) Delete
Name:	GOODING, TERESA	
Address:	507 E. THIRD STREET	
City-St-Zip:	PANAMA CITY, FL 32401	
Title:	D	( ) Delete
Name:	GOODING, JOHN	
Address:	507 E. THIRD STREET	
City-St-Zip:	PANAMA CITY, FL 32401	

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:	D	(X) Change ( ) Addition
Name:	VEAL, DERIC	
Address:	401 E. BEACH DRIVE UNIT A-1	
City-St-Zip:	PANAMA CITY, FL 32401	
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: JOYCE H. TARR STD 03/21/2009

Electronic Signature of Signing Officer or Director — Date