

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 757400

FILED
Apr 30, 2009
Secretary of State

Entity Name: JOHN'S PASS VILLAGE ASSOCIATION, INC.

Current Principal Place of Business:

150 JOHN'S PASS BOARDWALK
MADEIRA BEACH, FL 33708

New Principal Place of Business:

Current Mailing Address:

150 JOHN'S PASS BOARDWALK
MADEIRA BEACH, FL 33708

New Mailing Address:

FEI Number: 06-1638836

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

HUBBARD, PATRICIA
150 JOHN'S PASS BOARDWALK
MADEIRA BEACH, FL 33708 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: DS () Delete
Name: HAND, LISA
Address: 150 JOHN'S PASS BOARDWALK
City-St-Zip: MADEIRA BEACH, FL 33708

Title: D () Delete
Name: HARRIS, DEANNA
Address: 150 JOHN PASS BOARDWALK
City-St-Zip: MADEIRA BEACH, FL 33708

Title: DT () Delete
Name: HUBBARD, PATRICIA
Address: 150 JOHN'S PASS BOARDWALK
City-St-Zip: MADEIRA BEACH, FL 33708

Title: DP () Delete
Name: HUBBARD, MARK
Address: 150 JOHN'S PASS BOARDWALK
City-St-Zip: MADEIRA BEACH, FL 33708

Title: D () Delete
Name: ANTOUS, JEFF
Address: 150 JOHN'S PASS BOARDWALK
City-St-Zip: MADEIRA BEACH, FL 33708

Title: D () Delete
Name: MCDOLE, KATHLEEN
Address: 150 128TH AVENUE
City-St-Zip: MADEIRA BEACH, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: MATT, POWERS
Address: 150 JOHN PASS BOARDWALK
City-St-Zip: MADEIRA BEACH, FL 33708

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: PATRICIA HUBBARD

DT

04/30/2009

Electronic Signature of Signing Officer or Director

Date