## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## **DOCUMENT#758490**

FILED Apr 14, 2009 Secretary of State

Entity Name: THE ISLANDER OWNERS ASSOCIATION, INC.

**Current Principal Place of Business: New Principal Place of Business:** 502 GULFSHORE DRIVE DESTIN, FL 32541 **Current Mailing Address: New Mailing Address:** 502 GULFSHORE DRIVE DESTIN, FL 32541 FEI Number: 59-2233765 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: BUTLER, BILL R MILLER, SUSAN 502 GÚLFSHORE DR 502 GULFSHORE DR DESTIN, FL 32541 DESTIN, FL 32541 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: SUSAN MILLER 04/14/2009 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition BLAIR, JIMMIE LOU Name: Name: 1388 SMOKEY RD Address: Address: City-St-Zip: LAGRANGE, GA 30240 City-St-Zip: Title: () Delete Title: () Change () Addition KLUS, KENNETH Name: Name: Address: 1970 ROLLINGWOD CTIR. Address: City-St-Zip: FLORENCE, KY 41042 City-St-Zip: Title: () Delete Title: (X) Change ( ) Addition DENISO, THOMAS Name: DERISO, THOMAS Name: 3302 WOOLBRIDGE COURT 3302 WOOLBRIDGE COURT Address: Address: City-St-Zip: MARIETTA, GA 30062 City-St-Zip: MARIETTA, GA 30062 Title: () Delete Title: () Change () Addition CARROLL, LINUS Name: Name: Address: P.O. BOX 959 Address: City-St-Zip: COLUMBIA, LA 71418 City-St-Zip: Title: ( ) Delete Title: (X) Change ( ) Addition RYAN, WILLIAM SCHLOTT, DENNIS Name: Name: 1907 ALFRESCO PLACE 608 SHADY CREEK DRIVE Address: Address: City-St-Zip: LOUISVILLE, KY 40205 City-St-Zip: LAFAYETTE, IN 47905 Title: () Delete Title: (X) Change ( ) Addition COOKE, MERRILYN BUBIEN, JIM Name: Name: Address: 2509 RIVER TRACE CIRCLE Address: 2505 ELIZABETH DRIVE BIRMINGHAM, AL 35243 PELHAM, AL 35124 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: SUSAN MILLER RA 04/14/2009