2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 16, 2009
Secretary of State

DOCUMENT# 760366

Entity Name: EAST PASS TOWERS CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

100 GULF SHORE DR.
DESTIN, FL 32541 US

New Principal Place of Business:

Current Mailing Address:

100 GULF SHORE DR.
DESTIN, FL 32541 US

New Mailing Address:

FEI Number: 59-2579097 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WOLFF, JANET L MANAGER
100 GULF SHORE DRIVE
DESTIN, FL 32541 US

Name and Address of New Registered Agent:

SHIPMAN, GARY A
1414 COUNTY HIGHWAY 283 SOUTH
STE. B
SANTA ROSA BEACH, FL 32459 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: GARY A. SHIPMAN 03/16/2009
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: SCHUESSLER, DAVID
Address: 100 GULF SHORE DRIVE, UNIT 308
City-St-Zip: DESTIN, FL 32541

Title: VP ( ) Delete
Name: ROBINSON, DAVID
Address: 18 OLYMPIC ST.
City-St-Zip: KENNER, LA 70065

Title: STD ( ) Delete
Name: GONZALEZ, ED
Address: 107 FOREST HILL DRIVE
City-St-Zip: ROANOKE, TX 76262

Title: D ( ) Delete
Name: AGEE, GEORGE
Address: P.O. BOX 670
City-St-Zip: HARTWELL, GA 30643

Title: D ( ) Delete
Name: SCALA, GEORGE
Address: 141 BROCKENBAUGHET
City-St-Zip: METAIRIE, LA 70005

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: GARY A. SHIPMAN RA 03/16/2009
Electronic Signature of Signing Officer or Director Date