2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 05, 2009
Secretary of State

DOCUMENT# 762283

Entity Name: PIER POINT SOUTH CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

390 A1A BEACH BLVD
ST AUGUSTINE BCH., FL 32080

New Principal Place of Business:

Current Mailing Address:

390 A1A BEACH BLVD
ST AUGUSTINE BCH., FL 32080

New Mailing Address:

FEI Number: 59-2190633 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ALLEN, LUANN
33 OLD MISSION AVE
SAINT AUGUSTINE, FL 32084 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: P ( ) Delete
Name: RAWL, HARRIET G
Address: 390 A1A BEACH BLVD #36
City-St-Zip: ST AUGUSTINE, FL 32080

Title: T ( ) Delete
Name: ADAMS, CHARLES
Address: 390 A1A BEACH BLVD.
City-St-Zip: SAINT AUGUSTINE, FL 32080

Title: T ( ) Delete
Name: ADAMS, CHARLES
Address: 390 A1A BEACH BLVD #57
City-St-Zip: SAINT AUGUSTINE, FL 32080

Title: V ( ) Delete
Name: ROWSEY, NORA
Address: 390 A1A BEACH BLVD
City-St-Zip: SAINT AUGUSTINE, FL 32080

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:

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: CHARLES ADAMS D 02/05/2009

Electronic Signature of Signing Officer or Director — Date