

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 764414

FILED
May 27, 2009
Secretary of State

Entity Name: HORIZON SOUTH II CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

17462 FRONT BEACH RD
PANAMA CITY BEACH, FL 32413

New Principal Place of Business:

Current Mailing Address:

17462 FRONT BEACH RD
PANAMA CITY BEACH, FL 32413

New Mailing Address:

FEI Number: 59-3086278 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

SLOAN, TIMOTHY J.
427 MCKENZIE AVENUE
PANAMA CITY, FL 32401 US

Name and Address of New Registered Agent:

BONNEY, GARTH D ESQ
436 MCKENZIE AVENUE
PANAMA CITY, FL 32401 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: GARTH D BONNEY

05/27/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: AUTREY, PHIL
Address: 416 CHANDLER ST
City-St-Zip: ATLANTA, GA 303072036

Title: VPD () Delete
Name: PARRISH, JOHN
Address: 17462 FRONT BEACH ROAD BOX 234
City-St-Zip: PANAMA CITY BEACH, FL 32413

Title: STD () Delete
Name: AUTREY, JO
Address: 416 CANDLER STREET
City-St-Zip: ATLANTA, GA 30307

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:

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: PHIL AUTREY

PD

05/27/2009

Electronic Signature of Signing Officer or Director

Date