2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 767451

City-St-Zip:

JACKSONVILLE, FL 32226

FILED Mar 10, 2009 Secretary of State

Entity Name: KETCH COURTYARD ASSOCIATION, INC. **Current Principal Place of Business: New Principal Place of Business:** KETCH COURTYARD 3150 SO. FLETCHER AVE FERNANDINA BCH., FL 32034 **New Mailing Address: Current Mailing Address:** KETCH COURTYARD P O BOX 15356 FERNANDINA BCH., FL 32034 FEI Number: 59-2403093 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: POOLE, WESLEY R. 303 CENTRE ST FERNANDINA BCH., FL 32034 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: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition ROBERTS, FRANCES Name: Name: P.O. BOX 635 Address: Address: City-St-Zip: GRAY, GA 31032 City-St-Zip: Title: VD Title: () Delete () Change () Addition THOMAS, HAROLD Name: Name: Address: 577 SAINT ANDREW CT Address: City-St-Zip: CONYERS, GA 30094 City-St-Zip: Title: () Delete Title: TD (X) Change () Addition GRAMLING, NADIA KING, LISA Name: Name: 12857 FORT CAROLINA RD. Address: Address: 95431 ARBOR LANE City-St-Zip: JACKSONVILLE, FL 32225 City-St-Zip: FERNANDINA BEACH, FL 30234 Title: PD () Delete Title: D (X) Change () Addition Name: MCQUAIG, WILLIAM Name: MCQUAIG, WILLIAM 9751 VICEROY DR. E. 9751 VICEROY DR. E. Address: Address: City-St-Zip: JACKSONVILLE, FL 32257 City-St-Zip: JACKSONVILLE, FL 32257 Title: () Delete Title: (X) Change () Addition BERNIE, HAIM MCKINNIE, J. W. Name: Name: 7244 RONOTH DR. 4634 CARLTON DUNES #7 Address: Address:

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.

City-St-Zip:

FERNANDINA BEACH, FL 32034

SIGNATURE: HAROLD THOMAS VD 03/10/2009