2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#769670

Apr 15, 2009 Secretary of State

Entity Name: ST. THOMAS SQUARE MASTER OWNERS ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

8730 THOMAS DR.

PANAMA CITY BEACH, FL 32408 US

Current Mailing Address: New Mailing Address:

8730 THOMAS DR

PANAMA CITY BEACH, FL 32408 US

FEI Number: 59-2352746 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:

DREYER, MARK D 747 JENKS AVE, SUITE G 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:

Date

Electronic Signature of Registered Agent

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

VPD () Delete (X) Change () Addition LUTHER, W.B. Name: LUTHER, W.B. Name:

8725 N. LAGOON DR Address: 8725 N. LAGOON DR Address:

City-St-Zip: PANAMA CITY, FL 32408 City-St-Zip: PANAMA CITY BEACH, FL 32408

Title: TD () Delete Title: SD (X) Change () Addition

HOOVER, SEAN Name: DELF, MICHAEL Name:

Address: 2040 MILAN Address: 8730 THOMAS DR. # 413 City-St-Zip: NEW ORLEANS, LA 70115 City-St-Zip: PANAMA CITY BEACH, FL 32408

Title: PD () Delete Title: () Change () Addition

MYERS, ALLEN Name: Name: Address: 150 EMERALD DR Address:

City-St-Zip: MCDONOUGH, GA 30253 City-St-Zip:

() Delete (X) Change () Addition Title: SD Title: TD HONEYCUTT, LARRY Name: HONEYCUTT, LARRY Name: 8730 THOMAS DR# 1103 Address: 8730 THOMAS DR# 103 Address:

City-St-Zip: PANAMA CITY, FL 32408 City-St-Zip: PANAMA CITY BEACH, FL 32408

Title: ASD () Delete Title: (X) Change () Addition TAYLOR, JOHN TAYLOR, JOHN Name: Name:

385 HWY W. 385 HWY 30 W. Address: Address: AMERICUS, GA 31709 City-St-Zip: AMERICUS, GA 31709 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: ALLEN MYERS PD 04/15/2009