

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 769989

FILED
Apr 09, 2009
Secretary of State

Entity Name: ELM PLACE CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

ELM PLACE CONDO ASSOCIATE
22 BEAL PARKWAY
FT. WALTON BEACH, FL 32548 US

Current Mailing Address:

ELM PLACE CONDO ASSOCIATE
P.O. BOX 70
FT. WALTON BEACH, FL 32548 US

New Principal Place of Business:

ELM PLACE CONDOMINIUM ASSOC.
29-C MIRACLE STRIP PKWY SW
FT. WALTON BEACH, FL 32548 US

New Mailing Address:

ELM PLACE CONDOMINIUM ASSOC.
P.O. BOX 70
FT. WALTON BEACH, FL 32548 US

FEI Number: 59-2347370

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KHOULBAN, DEBBY
202 ANGELFISH
FORT WALTON BEACH, FL 32548 US

Name and Address of New Registered Agent:

RDF ASSOCIATES, INC.
29-C MIRACLE STRIP PKWY SW
FORT WALTON BEACH, FL 32548 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: DEBBIE FOWNER

04/09/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: NICHOLS, AMELIA
Address: 124-A ELM AVENUE SE
City-St-Zip: FORT WALTON BEACH, FL 32548

Title: SD () Delete
Name: MULLEY, CHRIS
Address: 124-C ELM AVE
City-St-Zip: FORT WALTON BEACH, FL 32548

Title: TD () Delete
Name: PRESTON, ROYAL
Address: 312 RUCKEL DRIVE
City-St-Zip: NICEVILLE, FL 32578

Title: AS (X) Delete
Name: KHOULBAN, DEBBY
Address: 202 ANGELFISH
City-St-Zip: FORT WALTON BEACH, FL 32548

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VP (X) Change () Addition
Name: LOVE, CAROLANN
Address: 34 BAY DRIVE
City-St-Zip: FORT WALTON BEACH, FL 32548

Title: ST (X) Change () Addition
Name: MULLEY, CHRIS
Address: 124-C ELM AVE
City-St-Zip: FORT WALTON BEACH, FL 32548

Title: P (X) Change () Addition
Name: PRESTON, ROYAL
Address: 312 RUCKEL DRIVE
City-St-Zip: NICEVILLE, FL 32578

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: DEBBIE FOWNER

MGR

04/09/2009

Electronic Signature of Signing Officer or Director

Date