

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 770685

FILED
Jan 28, 2009
Secretary of State

Entity Name: COMMERCE ROW OWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

225 MAIN STREET
SUITE 12
DESTIN, FL 32541 US

New Principal Place of Business:

Current Mailing Address:

P36132 EMERALD COAST PARKWAY
DESTIN, FL 32541 US

New Mailing Address:

11714 EMERALD COAST PARKWAY, STE. 105
MIRAMAR BEACH, FL 32550 US

FEI Number: 59-2413213

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

COASTAL PROPERTIES ASSOCIATION MGMT., LLC
36132 EMERALD COAST PARKWAY
DESTIN, FL 32541 US

Name and Address of New Registered Agent:

COASTAL PROPERTIES ASSOCIATION MGMT., LLC
11714 EMERALD COAST PARKWAY, STE. 105
MIRAMAR BEACH, FL 32550 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: ZACH JOHNSON

01/28/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PRES () Delete
Name: ANDERSON, DONALD H
Address: PO BOX 1327
City-St-Zip: DESTIN, FL 32540 US

Title: SEC () Delete
Name: MCDOWELL, MARGARET R
Address: 225 MAIN STREET SUITE 12
City-St-Zip: DESTIN, FL 32541

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D () Change (X) Addition
Name: WASSON, CHIP
Address: 9823 BLACKHORSE RUN RD.
City-St-Zip: FORT MILL, SC 29715

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: DON ANDERSON

P

01/28/2009

Electronic Signature of Signing Officer or Director

Date