

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F25231

FILED
Jan 27, 2009
Secretary of State

Entity Name: CAPE ATLANTIC LANDOWNERS ASSOCIATION, INCORPORATED

Current Principal Place of Business:

441A SKYWAY DR
UNIT #1
EDGEWATER, FL 32132 US

New Principal Place of Business:

Current Mailing Address:

P. O. DRAWER 460 N/A
PO DRAWER 460
NEW SMYRNA BCH., FL 32170 US

New Mailing Address:

P. O. DRAWER 460
NEW SMYRNA BCH., FL 32170 US

FEI Number: 59-2075418

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

POWELL, C.R.
441A SKYWATER DR
UNIT #1
EDGEWATER, FL 32132 US

Name and Address of New Registered Agent:

POWELL, C.R.
441A SKYWAY DR
UNIT #1
EDGEWATER, FL 32132 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:

01/27/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PC () Delete
Name: POWELL, C.R.
Address: 441A UNIT #1 SKYWAY DR
City-St-Zip: EDGEWATER, FL

Title: MD () Delete
Name: ABLES, WILLIAM M JR
Address: % P.O. BOX 460
City-St-Zip: NEW SMYRNA BEACH, FL 32170

Title: MD () Delete
Name: ABRAHAM, RALPH J JR
Address: % P.O. BOX 460
City-St-Zip: NEW SMYRNA BEACH, FL 32170

Title: MD () Delete
Name: ACCARDI, PATRICIA M
Address: % P.O. BOX 460
City-St-Zip: NEW SMYRNA BEACH, FL 32170

Title: MD () Delete
Name: ACKER, LUTHER W
Address: % P.O. BOX 460
City-St-Zip: NEW SMYRNA BEACH, FL 32170

Title: MD () Delete
Name: ADAMS, ROBERT J
Address: % P.O. BOX 460
City-St-Zip: NEW SMYRNA BEACH, FL 32170

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PC (X) Change () Addition
Name: POWELL, C.R.
Address: 441A UNIT #1 SKYWAY DR
City-St-Zip: EDGEWATER, FL 32132

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

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

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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: C R POWELL

PC

01/27/2009

Electronic Signature of Signing Officer or Director

Date