## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L12170

**Current Mailing Address:** 

Entity Name: FRANGISTA BEACH REALTY, INC.

FILED Mar 31, 2009 Secretary of State

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

136 SOUTH HOLIDAY ROAD 1890 SCENIC GULF DR

SUITE G MIRAMAR BEACH, FL 32550 US

MIRAMAR BEACH, FL 32550 US

136 SOUTH HOLIDAY ROAD

1890 SCENIC GULF DR

SUITE G MIRAMAR BEACH, FL 32550 US MIRAMAR BEACH, FL 32550 US

FEI Number: 59-2969094 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

**New Mailing Address:** 

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

WILSON, WILLIAM N II

136 SOUTH HOLIDAY RD

SHITE G

WILSON II, WILLIAM N

1890 SCENIC GULF DR

MIRAMAR BEACH EL 32550 LIS

SUITE G MIRAMAR BEACH, FL 32550 US 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: WILLIAM N WILSON II 03/31/2009

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

 Name:
 WILSON, CLARE T.
 Name:
 WILSON, CLARE T.

 Address:
 136 S HOLIDAY RD STE G
 Address:
 1890 SCENIC GULF DR

 City-St-Zip:
 MIRAMAR BEACH, FL 32550 US
 City-St-Zip:
 MIRAMAR BEACH, FL 32550 US

Title: VD ( ) Delete Title: VD (X) Change ( ) Addition

 Name:
 WILSON, WILLIAM N II
 Name:
 WILSON II, WILLIAM N

 Address:
 136 S HOLIDAY RD STE G
 Address:
 1890 SCENIC GULF DR

 City-St-Zip:
 MIRAMAR BEACH, FL 32550 US
 City-St-Zip:
 MIRAMAR BEACH, FL 32550 US

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

 Name:
 WILSON, CLARE T DR
 Name:
 WILSON, CLARE T DVM

 Address:
 441 VILLA GRANDE AVE S
 441 VILLA GRANDE AVE S

 City-St-Zip:
 ST PETERSBURG, FL 33707 US
 City-St-Zip:
 ST PETERSBURG, FL 33707 US

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

 Name:
 LEWIS, MARY A
 Name:
 LEWIS, MARY A

 Address:
 PO BOX 478
 Address:
 PO BOX 478

 City-St-Zip:
 MADISON, FL 32340 US
 City-St-Zip:
 MADISON, FL 32341 US

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: WILLIAM N WILSON II PD 03/31/2009