2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 16, 2009
Secretary of State

DOCUMENT# N00000006803

Entity Name: CESSNA LANDING COMMUNITY ASSOCIATION, INC.

Current Principal Place of Business:

5311 E CO HWY 30A
SUITE 5
SANTA ROSA BEACH, FL 32459 US

New Principal Place of Business:

Current Mailing Address:

5311 E COUNTY HWY 30-A
STE 5
SANTA ROSA BEACH, FL 32459 US

New Mailing Address:

FEI Number: 59-3706315 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SHIPMAN, GARY A
1414 CO HWY 283 SOUTH
SUITE B
SANTA ROSA BEACH, FL 32459 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	DP	( ) Delete
Name:	THOMPSON, JOHN	
Address:	159 MALLARD LANE	
City-St-Zip:	SANTA ROSA BEACH, FL 32459	
Title:	D	( ) Delete
Name:	FOY, ED	
Address:	110 CLUB WAY	
City-St-Zip:	ENTERPRISE, AL 36330	
Title:	DS	( ) Delete
Name:	BREED, JOHN	
Address:	33 MALLARD LANE	
City-St-Zip:	SANTA ROSA BEACH, FL 32459	
Title:	D	( ) Delete
Name:	CHAMLEE, STEPHEN	
Address:	325 BOTAMY BLVD	
City-St-Zip:	SANTA ROSA BEACH, FL 32459	
Title:	D	( ) Delete
Name:	BEAUCHAMP, BRAIN	
Address:	310 VININGS WAY #8-202	
City-St-Zip:	DESTIN, FL 32541	
Title:	D T	( ) Delete
Name:	CROWELL, TIMOTHY	
Address:	8546 TURNBERRY CT	
City-St-Zip:	MIRAMAR BEACH, FL 32541	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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:	
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: GARY A. SHIPMAN RA 03/16/2009

Electronic Signature of Signing Officer or Director — Date