

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000006803

FILED  
Apr 15, 2010  
Secretary of State

**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:**

5311 E CO HWY 30A  
SUITE 3  
SANTA ROSA BEACH, FL 32459 US

**Current Mailing Address:**

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

**New Mailing Address:**

5311 E COUNTY HWY 30-A  
STE 3  
SANTA ROSA BEACH, FL 32459 US

**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  
Name: THOMPSON, JOHN  
Address: 159 MALLARD LANE  
City-St-Zip: SANTA ROSA BEACH, FL 32459

Title: D  
Name: FOY, ED  
Address: 110 CLUB WAY  
City-St-Zip: ENTERPRISE, AL 36330

Title: DS  
Name: BREED, JOHN  
Address: 33 MALLARD LANE  
City-St-Zip: SANTA ROSA BEACH, FL 32459

Title: D  
Name: MCCABE, BRIAN  
Address: 512 OLD BEACH ROAD  
City-St-Zip: SANTA ROSA BEACH, FL 32459

Title: D  
Name: BEAUCHAMP, BRIAN  
Address: 310 VININGS WAY #8-202  
City-St-Zip: DESTIN, FL 32541

Title: D T  
Name: CROWELL, TIMOTHY  
Address: 8546 TURNBERRY CT  
City-St-Zip: MIRAMAR BEACH, FL 32541

I hereby 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 all other like empowered.

SIGNATURE: WALTER R PRITCHETT

MGR

04/15/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date