2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000007138

FILED Apr 16, 2009 Secretary of State

Entity Name: GERONIMO PLAZA OWNERS ASSOCIATION INC.

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

12815 HWY 98 N 12815 HIGHWAY 98 WEST

STE 100 SUITE 100

MIRAMAR BCH, FL 32550 MIRAMAR BEACH, FL 32550

Current Mailing Address: New Mailing Address:

P.O. BOX 1779 DESTIN, FL 32540

FEI Number: 59-3723576 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

SMITH, LORETTA W CAM
NEWMAN-DAILEY RESORT PROPERTIES
12815 HIGHWAY 98 WEST STE 100
SUITE 100

12815 HIGHWAY 98 WEST STE 100 SUITE 100
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: LORETTA SMITH 04/16/2009

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

 Name:
 KING, JOHN Å
 Name:
 KING, JOHN Å

 Address:
 4101 INDIAN BAYOU N
 Address:
 P.O. BOX 6773

City-St-Zip: DESTIN, FL 32541 City-St-Zip: MIRAMAR BEACH, FL 32550

Title: P () Delete Title: () Change () Addition

 Name:
 RAUS, GENE
 Name:

 Address:
 422 BAYWINDS DR
 Address:

 City-St-Zip:
 DESTIN, FL 32541
 City-St-Zip:

Title: ST () Delete Title: () Change () Addition

 Name:
 SHORES, TIMM R
 Name:

 Address:
 P.O. BOX 6397
 Address:

 City-St-Zip:
 MIRAMAR BEACH, FL 32550
 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: GENE RAUS P 04/16/2009