

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000008211

FILED  
Jan 10, 2011  
Secretary of State

**Entity Name:** PRESTWICK PLACE HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

36468 EMERALD COAST PARKWAY  
SUITE 8101  
DESTIN, FL 32541 US

**New Principal Place of Business:**

**Current Mailing Address:**

36468 EMERALD COAST PARKWAY  
SUITE 8101  
DESTIN, FL 32541 US

**New Mailing Address:**

**FEI Number:** 59-3698635      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

STARNES, JIM  
36468 EMERALD COAST PARKWAY  
SUITE 8101  
DESTIN, FL 32541 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: P  
Name: MANNES, ROBERT  
Address: PO BOX 1918  
City-St-Zip: HOLLAND, MI 49422 US

Title: VP  
Name: POTTS, TOM  
Address: 315 BELLE LANE  
City-St-Zip: SAPULPA, OK 74066 US

Title: ST  
Name: GLATTING, JAY  
Address: 1101 PRESTWICK PLACE  
City-St-Zip: MIRAMAR BEACH, FL 32550 US

Title: D  
Name: MURRELL, CHARLES  
Address: 3828 TIMBERLINE WAY  
City-St-Zip: BIRMINGHAM, AL 35242 US

Title: D  
Name: STONE, JAY  
Address: 1126 PRESTWICK PLACE  
City-St-Zip: MIRAMAR BEACH, FL 32550 US

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: ROBERT MANNES

P

01/10/2011

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

\_\_\_\_\_ Date