2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 09, 2009
Secretary of State

DOCUMENT# N00201

Entity Name: THE BEACHDRIFTER OWNERS ASSOCIATION,INC.

Current Principal Place of Business:

2180 WEST SR 434, SUITE 5000
LONGWOOD, FL 327795044

New Principal Place of Business:

Current Mailing Address:

2180 WEST SR 434, SUITE 5000
LONGWOOD, FL 327795044

New Mailing Address:

FEI Number: 59-2461652 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HART, JAMES W JR
SENTRY MANAGEMENT INC
2180 W SR 434 SUITE 5000
LONGWOOD, FL 32779 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: TD ( ) Delete
Name: SELLERS, EMORY
Address: 8153 SEVEN MILE DR
City-St-Zip: PONTE VEDRA BEACH, FL 32082

Title: PD ( ) Delete
Name: WOJNOWICZ, TOM
Address: 10 11TH AVE N #203
City-St-Zip: JACKSONVILLE BEACH, FL 32250

Title: D ( ) Delete
Name: HOMRA, LORI A
Address: 8148 BLUE JAY LN
City-St-Zip: JACKSONVILLE, FL 32256

Title: D ( ) Delete
Name: GRAY, ELAINE
Address: 10 11TH AVE N #201
City-St-Zip: JACKSONVILLE BEACH, FL 32250

Title: SD ( ) Delete
Name: REID, WILLIAM
Address: 1828 MILL CREEK RD
City-St-Zip: JACKSONVILLE BEACH, FL 32211

Title: VPD ( ) Delete
Name: STONER, LYNN
Address: 1370 PLEASANT VALLEY DR
City-St-Zip: JACKSONVILLE, FL 32225

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VPD (X) Change ( ) Addition
Name: SELLERS, EMORY R
Address: 8153 SEVEN MILE DR
City-St-Zip: PONTE VEDRA BEACH, FL 32082

Title: TD (X) Change ( ) Addition
Name: WOJNOWICZ, TOM
Address: 10 11TH AVE N #203
City-St-Zip: JACKSONVILLE BEACH, FL 32250

Title: D (X) Change ( ) Addition
Name: BRIGHT, TERESA
Address: 2027 KNOTTINGHAM TRACE LN
City-St-Zip: JACKSONVILLE, FL 32246

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: PD (X) Change ( ) Addition
Name: STONER, LYNN
Address: 1370 PLEASANT VALLEY DR
City-St-Zip: JACKSONVILLE, FL 32225

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: LYNN STONER PD 03/09/2009

Electronic Signature of Signing Officer or Director — Date