2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00201

FILED Mar 24, 2010 Secretary of State

Entity Name: THE BEACHDRIFTER OWNERS ASSOCIATION, INC.

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

2180 WEST SR 434, SUITE 5000 LONGWOOD, FL 327795044

Current Mailing Address: New Mailing Address:

2180 WEST SR 434, SUITE 5000 LONGWOOD, FL 327795044

FEI Number: 59-2461652 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:

HART, JAMES W JR SENTRY MANAGEMENT INC 2180 W SR 434 SUITE 5000 LONGWOOD, FL 32779 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:

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: TD

Name: SELLERS, EMORY R Address: 8153 SEVEN MILE DR

City-St-Zip: PONTE VEDRA BEACH, FL 32082

Title: VPD

Name: WOJNOWICZ, TOM Address: 10 11TH AVE N #203

City-St-Zip: JACKSONVILLE BEACH, FL 32250

Title:

Name: BRIGHT, TERESA

Address: 2027 KNOTTINGHAM TRACE LN City-St-Zip: JACKSONVILLE, FL 32246

Title: [

Name: FREDERICK, ROGER Address: 10 11TH AVE N #304

City-St-Zip: JACKSONVILLE BEACH, FL 32250

Title: SD

Name: REID, WILLIAM Address: 1828 MILL CREEK RD

City-St-Zip: JACKSONVILLE BEACH, FL 32211

Title: PD

Name: STONER, LYNN

Address: 1370 PLEASANT VALLEY DR City-St-Zip: JACKSONVILLE, FL 32225

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: LYNN STONER PD 03/24/2010