2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00494

FILED Mar 05, 2009 Secretary of State

Entity Name: NAUTICAL WATCH COMMUNITY ASSOCIATION, INC.

Current Principal Place of Business:				New Princ	New Principal Place of Business:			
6205 THON PANAMA C	MAS DR. CITY BEACH, F	L 32408		2827 JOAN SUITE B PANAMA (NAVENUE CITY BEACH, FL	_ 32408		
Current Mailing Address:				New Maili	New Mailing Address:			
	OMAS DRIVE CITY, FL 32408	US		PO BOX 93 PANAMA (303 CITY, FL 32417	US		
FEI Number:	59-2382282	FEI Number App	olied For () FEI N	lumber Not Appl	icable ()	Certificate of Status I	Desired ()	
Name and	Address of Cu	ırrent Registe	red Agent:	Name and	Address of Ne	w Registered Ag	ent:	
9450 S. TH	ASSOCIATION I IOMAS DRIVE CITY BEACH, F		,		AN NT BEACH ROA CITY BEACH, FL			
The above in the State		ubmits this state	ement for the purpose	e of changing i	ts registered offi	ce or registered a	gent, or both,	
SIGNATUR	RE: BRIAN HE	SS				03/05/2009		
	Electronic	Signature of F	Registered Agent			Date		
OFFICERS AND DIRECTORS:				ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	TD () [FREEMAN, ELZI 2317 MAGNOLIA PANAMA CITY, F	DRIVE		Title: Name: Address: City-St-Zip:	() C	Change () Addition		
Title: Name: Address: City-St-Zip:	D ()[KEMP, RUSS 657 LAMBERT R WARTRACE, TN			Title: Name: Address: City-St-Zip:	() C	Change () Addition		
Title: Name: Address: City-St-Zip:	PD ()[ARMSTRONG, JI 2416 LAURELTO CHATTANOOGA,	N CREEK ROAD		Title: Name: Address: City-St-Zip:	() 0	Change () Addition		
Title: Name: Address: City-St-Zip:	VD ()[ALBRIGHT, BILL 538 BELL ROAD ANTIOCH, TN 37			Title: Name: Address: City-St-Zip:	D (X) C ALBRIGHT, BILL PT BOX 473 ANTIOCH, TN 370	Change () Addition		
Title: Name: Address: City-St-Zip:	SD () I DOUG, CRAIG 5800 PRINCESS BIRMINGHAM, A			Title: Name: Address: City-St-Zip:	()0	Change () Addition		
Title: Name: Address: City-St-Zip:	1()	Delete		Title: Name: Address: City-St-Zip:	VD () C MITCHELL, JAME 100 BRIARPATCH COVINGTON, GA	H DRIVE		

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: TAMMY MALLORY MGR 03/05/2009