2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2009
Secretary of State

DOCUMENT# N01000001346

Entity Name: BLUE MOUNTAIN BEACH MASTER OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

2714 W. CO. HWY 30-A
SANTA ROSA BEACH, FL 32459 US

New Principal Place of Business:

5311 E CO HWY 30-A
STE 3
SANTA ROSA BEACH, FL 32459 US

Current Mailing Address:

5311 E. CO HWY 30-A
STE 5
SANTA ROSA BEACH, FL 32459 US

New Mailing Address:

5311 E CO HWY 30-A
STE 3
SANTA ROSA BEACH, FL 32459 US

FEI Number: 59-3644139 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

PRITCHETT, WALTER R
5311 E CO HWY 30-A
STE 5
SANTA ROSA BEACH, FL 32459 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: DVT ( ) Delete
Name: KRENKEL, ANDY
Address: PO BOX 1566
City-St-Zip: SANTA ROSA BEACH, FL 32459

Title: DS ( ) Delete
Name: MACLIN, HENRY W III
Address: PO BOX 1566
City-St-Zip: SANTA ROSA BEACH, FL 32459

Title: DP ( ) Delete
Name: BLACK, DAVID
Address: P.O. BOX 1566
City-St-Zip: SANTA ROSA BEACH, FL 32459

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: ( ) Change ( ) Addition
Name:
Address:
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: WALTER R PRITCHETT R A 04/27/2009

Electronic Signature of Signing Officer or Director — Date