

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000001558

FILED
Mar 16, 2009
Secretary of State

Entity Name: MISTRAL CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

5311 E COUNTY HWY 30-A
STE 5
SANTA ROSA BEACH, FL 32459

New Mailing Address:

FEI Number: 63-0935508

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 30A
STE 5
SANTA ROSA BEACH, FL 32459 US

Name and Address of New Registered Agent:

SHIPMAN, GARY A
1414 COUNTY HIGHWAY 283 SOUTH
STE. B
SANTA ROSA BEACH, FL 32459 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: GARY A. SHIPMAN

03/16/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DT () Delete
Name: SIMPSON, GREG
Address: 1903 CREEK HOLLOW TRAIL
City-St-Zip: TALLAHASSEE, FL 32317

Title: PD () Delete
Name: CLARK, JA DON
Address: 133 WESTMORELAND ROAD
City-St-Zip: COLUMBUS, GA 31904

Title: DS () Delete
Name: MORAN, DOROTHY
Address: 9516 SW 32ND LANE
City-St-Zip: GAINESVILLE, FL 32608

Title: D () Delete
Name: MCCULLOUGH, JOHN
Address: 6289 HAWTHONRE
City-St-Zip: BARLETT, TN 38134

Title: DV () Delete
Name: ORR, HOWARD
Address: 2240 MOUNTAIN LAUREL DRIVE
City-St-Zip: CUMMING, GA 30040

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:

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: GARY A. SHIPMAN

RA

03/16/2009

Electronic Signature of Signing Officer or Director

Date