2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 10, 2009
Secretary of State

DOCUMENT# N01000005424

Entity Name: THE FRIENDS OF TOPSAIL HILL PRESERVE STATE PARK, INC.

Current Principal Place of Business:

7525 W COUNTY HWY 30-A
SANTA ROSA BEACH, FL 32459

New Principal Place of Business:

Current Mailing Address:

7525 W COUNTY HWY 30-A
SANTA ROSA BEACH, FL 32459

New Mailing Address:

FEI Number: 59-3733849 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

RHODES, HAROLD A
8833 ST ANDREWS DR
MIRAMAR BEACH, FL 32550 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:	P	( ) Delete
Name:	RHODES, HAL	
Address:	8833 ST ANDREWS DRIVE	
City-St-Zip:	DESTIN, FL 32550	
Title:	D	( ) Delete
Name:	MARASIA, BARBARA	
Address:	5440 TIVOLI TERRACE	
City-St-Zip:	MIRAMAR BEACH, FL 32550	
Title:	VD	( ) Delete
Name:	DWYRE, VIRGINIA	
Address:	8034 LEGEND CREEK DR	
City-St-Zip:	MIRAMAR BEACH, FL 32550	
Title:	S	( ) Delete
Name:	SHUTTLEWORTH, JAN	
Address:	2530 VINYARD LN	
City-St-Zip:	MIRAMAR BCH, FL 32550	
Title:	D	( ) Delete
Name:	HYDE, KAYE	
Address:	71 FLAMINGO DRIVE	
City-St-Zip:	SANTA ROSA BEACH, FL 32459	
Title:	T	( ) Delete
Name:	MULLEN, THOMAS	
Address:	314 L'ATRIUM	
City-St-Zip:	MIRAMAR BCH, FL 32550	

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:	
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: HAL RHODES PRES 06/10/2009

Electronic Signature of Signing Officer or Director — Date