2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 19, 2009
Secretary of State

DOCUMENT# N01000006088

Entity Name: PEAKE'S POINT HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

17 W CEDAR ST
SUITE 3
PENSACOLA, FL 32502

New Principal Place of Business:

Current Mailing Address:

POST OFFICE BOX 894
GULF BREEZE, FL 325629998

New Mailing Address:

FEI Number: 59-3750274 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

DANNHEISSER, MATT
504 NORTH BAYLEN STREET
PENSACOLA, FL 32501 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: DP ( ) Delete
Name: SIMONDS, CHARLES T
Address: 718 PEAKE'S POINT DRIVE
City-St-Zip: GULF BREEZE, FL 32561

Title: DVP ( ) Delete
Name: DANNHEISSER, MATT E
Address: 504 NORTH BAYLEN STREET
City-St-Zip: PENSACOLA, FL 32501

Title: DST ( ) Delete
Name: SIMONDS, JUDY M
Address: 718 PEAKE'S POINT DRIVE
City-St-Zip: GULF BREEZE, FL 32561

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: CHARLES T. SIMONDS DP 03/19/2009

Electronic Signature of Signing Officer or Director — Date