## 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N01000007018

Name:

Address:

City-St-Zip:

FILED Apr 23, 2008 Secretary of State

Entity Name: FRANGISTA BEACH HOMEOWNERS' ASSOCIATION, INC.

**Current Principal Place of Business: New Principal Place of Business:** 215 GRAND BLVD SUITE 200 MIRAMAR BEACH, FL 32550 US **New Mailing Address: Current Mailing Address:** 215 GRAND BLVD SUITE 200 MIRAMAR BEACH, FL 32550 US FEI Number: 75-3101562 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: GORMLEY, TERRY P 215 GRAND BLVD SUITE 200 MIRAMAR BEACH, FL 32550 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: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: DP () Delete (X) Change ( ) Addition KING, WAYNE KING, WAYNE Name: Name: 2814 BRANWOOD DR Address: 2814 BRANWOOD DR Address: City-St-Zip: NASHVILLE, TN 37214 US City-St-Zip: NASHVILLE, TN 37214 US (X) Change ( ) Addition Title: DV () Delete Title: BOWLING, MARK Name: BOWLING, MARK Name: Address: 4517 OLD PLANTATION PL Address: 4517 OLD PLANTATION PL City-St-Zip: DESTIN, FL 32541 US City-St-Zip: DESTIN, FL 32541 US Title: DST () Delete Title: (X) Change ( ) Addition DAY, ROBERT PITTMAN, BONNIE Name: Name: 97 LOS ANGELES ST 325 DORRINGTON BLVD Address: Address: City-St-Zip: MIRAMAR BEACH, FL 32550 US City-St-Zip: METARIE, LA 70005 US ( ) Delete Title: D Title: DS (X) Change ( ) Addition HOWE, KIM Name: Name: WIEBE, AMBER 97 LOS ANGELES ST Address: 2283 E CHEROKEE DR Address: City-St-Zip: WOODSTOCK, GA 30188 US City-St-Zip: MIRAMAR BEACH, FL 32550 US Title: () Delete Title: ( ) Change (X) Addition

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.

Name:

Address:

City-St-Zip:

TAUER, KURT

2530 JOHNSON RD

GERMANTOWN, TN 38139 US

SIGNATURE: AMBER WIEBE S 04/23/2008