

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000007069

FILED  
Apr 15, 2009  
Secretary of State

**Entity Name:** EMERALD COAST BUSINESS PARK OWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

150 INDUSTRIAL PARK ROAD  
SUITE 7  
DESTIN, FL 32541

**New Principal Place of Business:**

**Current Mailing Address:**

150 INDUSTRIAL PARK ROAD  
SUITE 7  
DESTIN, FL 32541

**New Mailing Address:**

**FEI Number:** 59-3751745

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

KEENER, DON A  
150 INDUSTRIAL PARK ROAD  
SUITE 7  
DESTIN, FL 32541 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: PD ( ) Delete  
Name: KEENER, DON A  
Address: 150 INDUSTRIAL PARK RD SUITE 7  
City-St-Zip: DESTIN, FL 32541

Title: VD ( ) Delete  
Name: BUCKINGHAM, MIKE  
Address: 160 INDUSTRIAL PARK RD  
City-St-Zip: DESTIN, FL 32541

Title: STD ( ) Delete  
Name: PORTER-SMITH, KELLY STD  
Address: 124 BENNING DRIVE, SUITE 10  
City-St-Zip: DESTIN, FL 32541

**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: DON A. KEEN ER

PD

04/15/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date