

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000006555

FILED
Apr 11, 2009
Secretary of State

Entity Name: ROLLIN TIDE VILLAS CONDOMINIUM OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

82 SUGAR SANDS LANE
#A-13
SANTA ROSA BEACH, FL 32459 US

New Principal Place of Business:

Current Mailing Address:

82 SUGAR SANDS LANE #A-13
SANTA ROSA BEACH, FL 32459

New Mailing Address:

82 SUGAR SANDS LANE
#A-13
SANTA ROSA BEACH, FL 32459 US

FEI Number: 56-2300314

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TARVER, LOYD
180 CULLMAN AVE.
SANTA ROSA BEACH, FL 32459 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: SD () Delete
Name: MCGILLIS, JENNIFER
Address: 2641 ENGLISH OAKS LANE
City-St-Zip: KENNESAW, GA 30144

Title: VP () Delete
Name: BLANCHE, DAME
Address: 5500 ROCK BLUFF NE
City-St-Zip: COMSTOCK PARK, MI 49321

Title: T () Delete
Name: ASHDOWN, GORDON
Address: 1 WARDBROOK ST, POUNDBURY
City-St-Zip: DORCHESTER, DORSE UK DT13GQ,

Title: VD () Delete
Name: LYDICK, WILLIAM
Address: 396 PAGE DR
City-St-Zip: MOUNT JULIET, TN 37122

Title: PD () Delete
Name: WEST, MATT
Address: 565 TAHOMA DRIVE
City-St-Zip: ATLANTA, GA 30350

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: TD (X) Change () Addition
Name: ASHDOWN, GORDON
Address: OLD SCHOOLHOUSE, BRATTON FLEMING, BARNSTAPLE
City-St-Zip: DEVON, UK EX 31 4TG

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: MATT WEST

PD

04/11/2009

Electronic Signature of Signing Officer or Director

Date