

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000007200

FILED
Apr 15, 2009
Secretary of State

Entity Name: OLDE SEACREST NEIGHBORHOOD ASSOCIATION, INC.

Current Principal Place of Business:

P.O. BOX 611430
ROSEMARY BEACH, FL 32461

New Principal Place of Business:

8700 E. COUNTY HY.30A
SEACREST, FL 32413

Current Mailing Address:

P.O. BOX 611430
ROSEMARY BEACH, FL 32461

New Mailing Address:

8700 E. COUNTY HY.30A
SEACREST, FL 32413

FEI Number: 03-0471460

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LOGUE-HIGGINS, SHARON
8700 E COUNTY HEY 30-A
SEACREST, FL 32413 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: LOUGE-HIGGINS, SHARON
Address: 8700 E COUNTS HWY 30-A
City-St-Zip: PANAMA CITY BEACH, FL 32413

Title: V () Delete
Name: SUTCLIFF, TODD
Address: 246 SEABREEZE CIRCLE
City-St-Zip: PANAMA CITY, FL

Title: T () Delete
Name: BARNHART, JOHN
Address: 209 CLAREON DRIVE
City-St-Zip: PANAMA CITY BEACH, FL 32413

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: LOGUE-HIGGINS, SHARON
Address: 8700 E COUNTS HWY 30-A
City-St-Zip: PANAMA CITY BEACH, FL 32413

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: SHARON LOGUE-HIGGINS

P

04/15/2009

Electronic Signature of Signing Officer or Director

Date