2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2009
Secretary of State

DOCUMENT# N02000009098

Entity Name: W.E. COMBS NEIGHBORHOOD ASSOCIATION, INC.

Current Principal Place of Business:

216 COMBS MANOR COURT NW
FORT WALTON BEACH, FL 32548

New Principal Place of Business:

Current Mailing Address:

216 COMBS MANOR COURT NW
FORT WALTON BEACH, FL 32548

New Mailing Address:

FEI Number: 36-4515122 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BRYANT, MARY J
216 COMBS MANOR COURT NW
FORT WALTON BEACH, FL 32548 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:	TREA	( ) Delete
Name:	BRYANT, JAMES	
Address:	216 COMBS MANOR CT. NW	
City-St-Zip:	FORT WALTON BEACH, FL 32548 US	
Title:	SECR	( ) Delete
Name:	SHEFFIELD, ANNIE	
Address:	224 BURNETTE AVENUE NW	
City-St-Zip:	FORT WALTON BEACH, FL 32548 US	
Title:	DIR	( ) Delete
Name:	ROBINSON, TONYA	
Address:	209 COMBS MANOR CT. NW	
City-St-Zip:	FORT WALTON BEACH, FL 32548 US	
Title:	DIR	( ) Delete
Name:	HENRY, SHARONA	
Address:	209 BURNETTE AVE. NW	
City-St-Zip:	FORT WALTON BEACH, FL 32548 US	
Title:	DIR	( ) Delete
Name:	HENRY, FRITZ	
Address:	209 BURNETTE AVE. NW	
City-St-Zip:	FORT WALTON BEACH, FL 32548 US	
Title:	DIR	( ) Delete
Name:	HAWTHRONE, SARAH	
Address:	217 COMBS MANOR COURT NW	
City-St-Zip:	FORT WALTON BEACH, FL 32548 US	

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:	
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: MARY J. BRYANT PRES 04/30/2009

Electronic Signature of Signing Officer or Director — Date