

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000002274

FILED
Apr 24, 2009
Secretary of State

Entity Name: ADAGIO COMMUNITY ASSOCIATION, INC.

Current Principal Place of Business:

2421 COUNTY HIGHWAY 30-A
SANTA ROSA BEACH, FL 32459

New Principal Place of Business:

2421 COUNTY HIGHWAY 30-A
SANTA ROSA BEACH, FL 32459 US

Current Mailing Address:

215 GRAND BLVD
SUITE 200
MIRAMAR BEACH, FL 32550 US

New Mailing Address:

FEI Number: 20-1412069 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GORMLEY, TERRY P
215 GRAND BLVD
SUITE 200
MIRAMAR BEACH, FL 32550 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: DP () Delete
Name: NEAL, ED
Address: PO BOX 2335
City-St-Zip: CLEVELAND, TN 37320 US

Title: DV () Delete
Name: POPE, JIM
Address: 1141 CHLOE DR
City-St-Zip: GALLATIN, TN 37066 US

Title: DS () Delete
Name: GEPPERT, MARGARET
Address: 104 EMERALD DUNE CIR
City-St-Zip: SANTA ROSA BEACH, FL 32459 US

Title: DT () Delete
Name: HOUGH, JACK
Address: 225 A FORREST AVE
City-St-Zip: GAINSVILLE, GA 30501 US

Title: D () Delete
Name: FLOYD, JOHN
Address: 816 N CURTISWOOD LN
City-St-Zip: NASHVILLE, TN 37204 US

Title: D () Delete
Name: BOWEN, JOE
Address: 813 STALCUP CT
City-St-Zip: FRANKLIN, TN 37064 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: MARGARET GEPPERT

S

04/24/2009

Electronic Signature of Signing Officer or Director

Date