

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000002667

FILED
Apr 17, 2009
Secretary of State

Entity Name: SCALLOP COVE VILLAS OWNER'S ASSOCIATION, INC.

Current Principal Place of Business:

154 COVE ROAD
PORT ST. JOE, FL 32456

New Principal Place of Business:

Current Mailing Address:

208 HARRISON PLACE
PANAMA CITY, FL 32405

New Mailing Address:

FEI Number: 13-4247808

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RIDLEY, ANNETTE
208 HARRISON PLACE
PANAMA CITY, FL 32405 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: T () Delete
Name: RIDLEY, ANNETTE
Address: 208 HARRISON PLACE
City-St-Zip: PANAMA CITY, FL 32405

Title: P () Delete
Name: RIDLEY, JEFF
Address: 208 HARRISON PL
City-St-Zip: PANAMA CITY, FL 32405

Title: S () Delete
Name: WESTON, BETTY R
Address: 6112 CAPE SAN BLAS RD
City-St-Zip: PORT ST. JOE, FL 32452

Title: V () Delete
Name: MORROW, RON
Address: 98 ROSE LANE
City-St-Zip: FRANKLIN, NC 28734

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

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: T () Change (X) Addition
Name: RIDLEY, ANNETTE
Address: 208 HARRISON PLACE
City-St-Zip: PANAMA CITY, FL 32405

Title: P () Change (X) Addition
Name: RIDLEY, JEFF
Address: 208 HARRISON PLACE
City-St-Zip: PANAMA CITY, FL 32405

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: ANNETTE RIDLEY

T

04/17/2009

Electronic Signature of Signing Officer or Director

Date