2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2009
Secretary of State

DOCUMENT# N03000002716

Entity Name: THE ESTUARY OWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

7 TOWN CENTER LOOP
UNIT C16
SANTA ROSA BEACH, FL 32459

New Principal Place of Business:

Current Mailing Address:

PO BOX 1247
SANTA ROSA BEACH, FL 32459

New Mailing Address:

FEI Number: 06-1704194 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

STENBERG, CINDY
7 TOWN CTR LOOP C16
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: D ( ) Delete
Name: BARTON, PETER J
Address: 5399 E COUNTY HWY 30-A, BOX 190
City-St-Zip: SEAGROVE BEACH, FL 32459

Title: D ( ) Delete
Name: WATSON, FRANKLIN H
Address: 5365 E CTY. HWY 30-A STE 105
City-St-Zip: SEAGROVE BEACH, FL 32459

Title: D ( ) Delete
Name: HAMMET, BEN HAY JR
Address: 3797 INDIAN TR
City-St-Zip: DESTIN, FL 32541

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: BARTON, PETER J
Address: 5399 E COUNTY HWY 30-A, BOX 190
City-St-Zip: SEAGROVE BEACH, FL 32459

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

Title: SD (X) Change ( ) Addition
Name: HAMMET, BEN HAY JR
Address: 3797 INDIAN TR
City-St-Zip: DESTIN, FL 32541

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: PETER BARTON PD 04/29/2009

Electronic Signature of Signing Officer or Director — Date