2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 22, 2009
Secretary of State

DOCUMENT# N03000004052

Entity Name: SNOWDRIFT HOMEOWNER'S ASSOCIATION, INC.

Current Principal Place of Business:

282 SNOWDRIFT ROAD
DESTIN, FL 32550

New Principal Place of Business:

282 SNOWDRIFT ROAD
MIRAMAR BEACH, FL 32550

Current Mailing Address:

282 SNOWDRIFT ROAD
DESTIN, FL 32550

New Mailing Address:

282 SNOWDRIFT ROAD
MIRAMAR BEACH, FL 32550

FEI Number: 20-5761582 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ARNETT, THOMAS
282 SNOWDRIFT ROAD
DESTIN, FL 32550 US

Name and Address of New Registered Agent:

ARNETT, THOMAS
282 SNOWDRIFT ROAD
MIRAMAR BEACH, FL 32550 US

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: _____ 01/22/2009
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: PR ( ) Delete
Name: ARNETT, THOMAS
Address: 282 SNOWDRIFT ROAD
City-St-Zip: DESTIN, FL 32550

Title: VP ( ) Delete
Name: JENNER, MARK
Address: #2 KIMBROUGH RD.
City-St-Zip: MARY ESTHER, FL 32569

Title: ST ( ) Delete
Name: HUNOLT, MELAINE
Address: P.O. BOX 6186
City-St-Zip: MIRAMAR BEACH, FL 32550

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PR (X) Change ( ) Addition
Name: ARNETT, THOMAS
Address: 282 SNOWDRIFT ROAD
City-St-Zip: MIRAMAR BEACH, FL 32550

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: THOMAS ARNETT PR 01/22/2009
Electronic Signature of Signing Officer or Director — Date