

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000006315

FILED
Mar 02, 2009
Secretary of State

Entity Name: LAPLAYA AT PERDIDO OWNER'S ASSOCIATION, INC.

Current Principal Place of Business:

13555 SANDY KEY DR
PENSACOLA, FL 32507

New Principal Place of Business:

Current Mailing Address:

POB 34010
PENSACOLA, FL 32507

New Mailing Address:

FEI Number: 63-1260080

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ERIS, GRACE K
14508 FERDOTO PKWY DR
PENSACOLA, FL 32507 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: MILLER, ROY
Address: 822 PROGRESS INDUSTRIAL BLVD
City-St-Zip: LAWRENCEVILLE, GA 30043

Title: P () Delete
Name: MCMILLAN, JAMES
Address: 13555 SANDY KEY DRIVE, UNIT 501
City-St-Zip: PENSACOLA, FL 32507

Title: S () Delete
Name: BOLL, THOMAS
Address: 161 DEERWOOD LAKE DRIVE
City-St-Zip: HARPERSVILLE, AL 35078

Title: T () Delete
Name: HUTCHINS, TRACY
Address: 13555 SANDY KEY DR UNIT 1202
City-St-Zip: PENSACOLA, FL 32507

Title: VP () Delete
Name: BURBIC, LASTER
Address: 13555 SANDY KEY DR UNIT 402
City-St-Zip: PENSACOLA, FL 32507

Title: D () Delete
Name: COURTEAU, STEVE
Address: 1707 HUDSON LN
City-St-Zip: MONROE, LA 71201

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:

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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: GRACE K. ERIS

RA

03/02/2009

Electronic Signature of Signing Officer or Director

Date