

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000008943

FILED
Feb 02, 2009
Secretary of State

Entity Name: CONRAD POINTE ASSOCIATION, INC.

Current Principal Place of Business:

6936 HIRAM'S RD
PANAMA CITY, FL 32409

New Principal Place of Business:

Current Mailing Address:

6936 HIRAM'S RD
PANAMA CITY, FL 32409

New Mailing Address:

FEI Number: 77-0611852 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

WHITAKER, DEBORAH C
6936 HIRAMS RD
PANAMA CITY, FL 32409 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: LAYFIELD, WILLIAM E
Address: 7234 RESOTA LANE
City-St-Zip: SOUTHPORT, FL 32409

Title: D () Delete
Name: CONRAD, JOY
Address: 3701 TIPPECANOE LANE
City-St-Zip: PANAMA CITY, FL 32409

Title: D () Delete
Name: WHITAKER, DEBORAH C
Address: 6936 HIRAMS RD
City-St-Zip: PANAMA CITY, FL 32409

Title: D () Delete
Name: CASFORO, BRANT
Address: 3704 TIPPE CANOE LANE
City-St-Zip: PANAMA CITY, FL 32409

Title: D () Delete
Name: O'ROURKE, TERRY
Address: 3710 CONWICK DR
City-St-Zip: PANAMA CITY, FL 32409

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: D (X) Change () Addition
Name: CASFORD, BRANT
Address: 3704 TIPPE CANOE LANE
City-St-Zip: PANAMA CITY, FL 32409

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

Title: D () Change (X) Addition
Name: CONRAD, FRED
Address: 7224 RESOTA LANE
City-St-Zip: PANAMA CITY, FL 32409

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: DEBORAH C. WHITAKER

PRES

02/02/2009

Electronic Signature of Signing Officer or Director

_____ Date