

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000009979

FILED
Jan 23, 2009
Secretary of State

Entity Name: THE VILLAGE AT MARINA COVE OWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

224 7TH STREET
PORT ST JOE, FL 32456

New Principal Place of Business:

209 7TH STREET
PORT ST JOE, FL 32456

Current Mailing Address:

224 7TH STREET
PORT ST JOE, FL 32456

New Mailing Address:

209 7TH STREET
PORT ST JOE, FL 32456

FEI Number: 20-0746069

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GROOM, PAUL W II
116 SAILORS COVE DR
PORT ST JOE, FL 32456 US

Name and Address of New Registered Agent:

GULF COAST PROPERTY SERVICES, LLC
209 7TH STREET
PORT ST JOE, FL 32456 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: GCPS, LLC

01/23/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: RISH, WILLIAM J JR
Address: 252 MARINA DRIVE
City-St-Zip: PORT ST JOE, FL 32456

Title: DVST () Delete
Name: RISH, RALPH P
Address: 450 BLAKE DR
City-St-Zip: WEWAHITCHKA, FL 32465

Title: DVST (X) Delete
Name: PREBLE, GREGORY S
Address: 6631 NE PISGAH CURCH RD
City-St-Zip: TALLAHASSEE, FL 32309

Title: D () Delete
Name: JONES, PHILIP A
Address: 505 NAUTILUS DRIVE
City-St-Zip: PORT ST JOE, FL 32456

Title: D (X) Delete
Name: MCELHENY, RANDALL A
Address: 408 S. BONITA AVE.
City-St-Zip: PANAMA CITY, FL 32401

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: RISH, WILLIAM J JR
Address: 252 MARINA DRIVE
City-St-Zip: PORT ST JOE, FL 32456

Title: D (X) Change () Addition
Name: RISH, RALPH P
Address: 450 BLAKE DR
City-St-Zip: WEWAHITCHKA, FL 32465

Title: () Change () Addition
Name:
Address:
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: S. NOVAK

CAM

01/23/2009

Electronic Signature of Signing Officer or Director

Date