

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000010827

FILED  
Apr 06, 2010  
Secretary of State

**Entity Name:** DRIFTWOOD ESTATES PHASE II HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

10221 EMERALD COAST PKWY WEST  
SUITE 23  
MIRAMAR BEACH, FL 32550

**New Principal Place of Business:**

10221 EMERALD COAST PKWY WEST  
SUITE 23  
MIRAMAR BEACH, FL 32550 US

**Current Mailing Address:**

10221 EMERALD COAST PKWY WEST  
SUITE 23  
MIRAMAR BEACH, FL 32550

**New Mailing Address:**

10221 EMERALD COAST PKWY WEST  
SUITE 23  
MIRAMAR BEACH, FL 32550 US

**FEI Number:** 20-1607946

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

GELDER, JAY B  
10221 EMERALD COAST PKWY WEST  
SUITE 23  
MIRAMAR BEACH, FL 32550 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: PD  
Name: ROTHCHILD, JAMES  
Address: 585 LOBLOLLY BAY DRIVE  
City-St-Zip: SANTA ROSA BEACH, FL 32459 US

Title: STD  
Name: MUTTER, LAURA  
Address: 72 RED BAY CT  
City-St-Zip: SANTA ROSA BEACH, FL 32459 US

Title: VPD  
Name: BOONE, PAT  
Address: 282 LOBLOLLY BAY DRIVE  
City-St-Zip: SANTA ROSA BEACH, FL 32459 US

Title: D  
Name: ELKINS, RODNEY  
Address: 275 LOBLOLLY BAY DRIVE  
City-St-Zip: SANTA ROSA BEACH, FL 32459 US

Title: D  
Name: ELLIOTT, JACK  
Address: 331 LOBLOLLY BAY DRIVE  
City-St-Zip: SANTA ROSA BEACH, FL 32459 US

I hereby 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 all other like empowered.

SIGNATURE: JAMES ROTHCHILD

PD

04/06/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date