

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000000810

FILED
Apr 23, 2008
Secretary of State

Entity Name: VILLA COYABA CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

215 GRAND BLVD
SUITE 200
MIRAMAR BEACH, FL 32550 US

New Principal Place of Business:

Current Mailing Address:

215 GRAND BLVD
SUITE 200
MIRAMAR BEACH, FL 32550 US

New Mailing Address:

FEI Number: 20-1459051 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GORMLEY, TERRY P
215 GRAND BLVD
SUITE 200
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: DST () Delete
Name: MCCARTHY, PATRICK
Address: 3016 SCENIC HWY 98 #108
City-St-Zip: DESTIN, FL 32541 US

Title: DP () Delete
Name: SPRENKLE, JASON
Address: 437 CAPTAINS CIR
City-St-Zip: DESTIN, FL 32541 US

Title: DV () Delete
Name: CLEVELAND, CLIFF
Address: PO BOX 1944
City-St-Zip: MONTGOMERY, AL 36102 US

Title: D () Delete
Name: OVERTON, DON
Address: 10180 GROOMESBRIDGE RD
City-St-Zip: ALPHARETTA, GA 30022 US

Title: D (X) Delete
Name: BRENNER, LUANN
Address: 30577 ATLANTA LN
City-St-Zip: WESTLAKE, OH 44145 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: D (X) Change () Addition
Name: SNEED, DONNA
Address: 4701 SEASTAR VISTA
City-St-Zip: DESTIN, FL 32541 US

Title: D (X) Change () Addition
Name: MORRISSETTE, NATALIE
Address: 189 W CANEBRAKE
City-St-Zip: HATTIESBURG, MS 39402 US

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: PATRICK MCCARTHY

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04/23/2008

Electronic Signature of Signing Officer or Director

Date