

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000003792

FILED  
Jan 28, 2009  
Secretary of State

**Entity Name:** TUPELO PLACE CONDOMINIUMS OWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

114 4TH ST  
FORT WALTON BEACH, FL 32548 US

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 912  
FORT WALTON BEACH, FL 32549 US

**New Mailing Address:**

**FEI Number:** 20-1486387

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

SNYDER, LINDA R  
810 EGLIN PKWY NE #4  
FORT WALTON BEACH, FL 32547 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 ( ) Delete  
Name: GREENHALGH, BRIAN  
Address: 114 4TH ST, UNIT 4  
City-St-Zip: FORT WALTON BEACH, FL 32548 US

Title: VD ( ) Delete  
Name: THOMPSON, LARRY  
Address: 2706 STAGE COACH RD  
City-St-Zip: THOMSON, GA 30824 US

Title: DST ( ) Delete  
Name: SNYDER, LINDA  
Address: 810 EGLIN PKWY NE #4  
City-St-Zip: FORT WALTON BEACH, FL 32547

**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:

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: LINDA R SNYDER

DTS

01/28/2009

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

\_\_\_\_\_  
Date