2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2009
Secretary of State

DOCUMENT# N04000006362

Entity Name: DRAPER LAKE HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

7 TOWN CTR LOOP C16
SANTA ROSA BEACH, FL 32459

New Principal Place of Business:

Current Mailing Address:

PO BOX 1247
SANTA ROSA BEACH, FL 32459

New Mailing Address:

FEI Number: 20-1585534 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

VORBECK, GARY A
10065 W. EMERALD COAST PKWY
SUITE B-101
DESTIN, FL 32550 US

Name and Address of New Registered Agent:

VORBECK, GARY A
36008 EMERALD COAST PKWY
SUITE A-101
DESTIN, FL 32541 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: _____ 04/30/2009
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: DP ( ) Delete
Name: FRANZ, SINCLAIR
Address: 160 ROSEHILL DR. WEST
City-St-Zip: TALLAHASSEE, FL 32312

Title: DVP ( ) Delete
Name: DREYER, RICK
Address: 105 REDBAY ROAD
City-St-Zip: ELGIN, SC 29045

Title: DS ( ) Delete
Name: DOMIN, RON
Address: 54 MAIN STREET
City-St-Zip: ROSEMARY BEACH, FL 32413

Title: DT ( ) Delete
Name: SELLECK, JULIE
Address: 201 WIGGLE LANE
City-St-Zip: PANAMA CITY BEACH, FL 32413

Title: D ( ) Delete
Name: JONES, RUSTY
Address: 4553 ALLEN PARK PATH
City-St-Zip: SUWANEE, GA 30024

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: ( ) 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: SINCLAIR FRANZ P 04/30/2009
Electronic Signature of Signing Officer or Director — Date