

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000006477

FILED
Apr 17, 2009
Secretary of State

Entity Name: OLD BAY VILLAGE OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

4400 HIGHWAY 20 E
SUITE 312
NICEVILLE, FL 32578

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 5263
NICEVILLE, FL 32578

New Mailing Address:

FEI Number: 20-2061054

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LANDSBERGER, DARLANE
4400 HIGHWAY 20 E
SUITE 312
NICEVILLE, FL 32578 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: PETERSON, BRIAN
Address: 205 MATTIE KELLY BLVD
City-St-Zip: DESTIN, FL 32541 US

Title: VD () Delete
Name: GRANA, RICHARD
Address: 1811 DEERHAVEN LN
City-St-Zip: PADUCAH, KY 42001 US

Title: STD () Delete
Name: TALBERT, DAVE
Address: PO BOX 541
City-St-Zip: DESTIN, FL 32540 US

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: PETERSON, BRIAN
Address: 3995 LAUREN CT
City-St-Zip: DESTIN, FL 32541 US

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

Title: TD (X) Change () Addition
Name: TALBERT, DAVE
Address: PO BOX 541
City-St-Zip: DESTIN, FL 32540 US

Title: SD () Change (X) Addition
Name: MONSHAUSEN, ALAN
Address: 6806 E 85TH TER
City-St-Zip: KANSAS CITY, MO 64138 US

Title: D () Change (X) Addition
Name: BUEHNER, BRETT
Address: 192 WEKIVA CV
City-St-Zip: DESTIN, FL 32541 US

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: BRIAN PETERSON

PD

04/17/2009

Electronic Signature of Signing Officer or Director

Date