

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000008190

FILED
Jan 21, 2009
Secretary of State

Entity Name: DELOS OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

1737 OLD SCENIC HWY 98
DESTIN, FL 32541 US

New Principal Place of Business:

Current Mailing Address:

36132 EMERALD COAST PKWY
DESTIN, FL 32541 US

New Mailing Address:

11714 EMERALD COAST PKWY, STE. 105
MIRAMAR BEACH, FL 32550 US

FEI Number: 20-1518580

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

COASTAL PROPERTIES ASSOC MANGEMENT
ZACK JOHNSON
36132 EMERALD COAST PKWY
DESTIN, FL 32541 US

Name and Address of New Registered Agent:

COASTAL PROPERTIES ASSOC MANGEMENT
ZACH JOHNSON
11714 EMERALD COAST PKWY, STE. 105
MIRAMAR BEACH, FL 32550 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: ZACH JOHNSON

01/21/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: BAKER, MICHAEL T
Address: 1486 BELL MANOR DR
City-St-Zip: GERMANTOWN, TN 38138 US

Title: DV (X) Delete
Name: FEINSTIEN, JEFF
Address: 41 BUTTERNUT KNOLLS
City-St-Zip: WEST SHOKAN, NY 12494 US

Title: DST () Delete
Name: PAYNE, LOIS
Address: PO BOX 6951
City-St-Zip: MIRAMAR BEACH, FL 32550 US

Title: D () Delete
Name: KEHOE, MOLLY
Address: 220 BELLINGRATH RD
City-St-Zip: MADISONVILLE, LA 70447 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: BAKER, MICHAEL T
Address: 1486 BELL MANOR DR
City-St-Zip: GERMANTOWN, TN 38138 US

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

Title: ST (X) Change () Addition
Name: PAYNE, LOIS
Address: PO BOX 6951
City-St-Zip: MIRAMAR BEACH, FL 32550 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: MICHAEL BAKER

P

01/21/2009

Electronic Signature of Signing Officer or Director

Date