

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000008341

FILED  
Mar 21, 2008  
Secretary of State

Entity Name: SIDES MORENO POINT WEST OWNERS' ASSOCIATION, INC.

## Current Principal Place of Business:

5 CALHOUN AVE  
DESTIN, FL 32541

## New Principal Place of Business:

## Current Mailing Address:

5 CALHOUN AVE  
UNIT 305  
DESTIN, FL 32541

## New Mailing Address:

FEI Number: 80-0119967      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

GIRARD, IRENE  
5 CALHOUN AVE  
UNIT 505  
DESTIN, FL 32541 US

## Name and Address of New Registered Agent:

FOWENR, DEBBIE  
29-C MIRACLE STRIP PKWY SW  
FORT WALTON BEACH, FL 32548 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: DEBBIE FOWNER

03/21/2008

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: FONTENOT, JOE  
Address: 5 CALHOUN AVE # 601  
City-St-Zip: DESTIN, FL 32541

Title: VP ( ) Delete  
Name: BRUCE, GABBY  
Address: 5 CALHOUN AVE, #205  
City-St-Zip: DESTIN, FL 32541

Title: S ( ) Delete  
Name: MASCIA, DONALD  
Address: 5 CALHOUN AVE, #603  
City-St-Zip: DESTIN, FL 32541

Title: TR ( ) Delete  
Name: GIRARD, IRENE  
Address: 5 CALHOUN AVE #505  
City-St-Zip: DESTIN, FL 32541

Title: D ( ) Delete  
Name: SIDES, THOMAS  
Address: 151 MARY ESTHER BLVD STE 507  
City-St-Zip: MARY ESTHER, FL 32569

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: TR (X) Change ( ) Addition  
Name: CADENHEAD, CHRIS  
Address: 5 CALHOUN AVE # 705  
City-St-Zip: DESTIN, FL 32541

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

Title: P (X) Change ( ) Addition  
Name: MASCIA, DONALD  
Address: 323 TEQUESTA DRIVE  
City-St-Zip: DESTIN, FL 32541

Title: SEC (X) Change ( ) Addition  
Name: BRUNS, MARILYN  
Address: 5 CALHOUN AVE #508  
City-St-Zip: DESTIN, FL 32541

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: MARILYN BRUNS

SEC

03/21/2008

Electronic Signature of Signing Officer or Director

Date