

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000009527

FILED
Apr 14, 2009
Secretary of State

Entity Name: CORAL BAY VILLAGE AT DOWNING STREET OWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

5311 E. CO. HWY 30-A
STE 5
SANTA ROSA BEACH, FL 32459

Current Mailing Address:

5311 E. CO. HWY 30-A
STE 5
SANTA ROSA BEACH, FL 32459

New Principal Place of Business:

2827 JOAN AVE.,
SUITE B
PANAMA CITY BEACH, FL 32408

New Mailing Address:

P.O. BOX 19342
PANAMA CITY BEACH, FL 32417

FEI Number: 20-1736694

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PRITCHETT, WALTER R
5311 E. CO. HWY 30-A
STE 5
SANTA ROSA BEACH, FL 32459 US

Name and Address of New Registered Agent:

WILLIAMS, JACK
502 HARMON AVE.
PANAMA CITY, FL 32401 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: JACK WILLIAMS

04/14/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: SHEPPARD, ALLEN R JR
Address: 5304 SUNSET AVE
City-St-Zip: PANAMA CITY BEACH, FL 32408

Title: VD () Delete
Name: SHEPPARD, KAREN
Address: 5304 SUNSET AVE
City-St-Zip: PANAMA CITY BEACH, FL 32408

Title: STD () Delete
Name: SMITH, WILLIAM H
Address: 4039 E. CO. HWY 30-A
City-St-Zip: SEAGROVE BEACH, FL 32459

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: PALMER, GWENN
Address: 100 DOWNING STREET #15
City-St-Zip: PANAMA CITY BEACH, FL 32413

Title: SD (X) Change () Addition
Name: ENNIS, CHARLES G
Address: PO BOX 3250
City-St-Zip: FORT WALTON BEACH, FL 32549

Title: TD (X) Change () Addition
Name: KING, WILLIAM R
Address: 1388 C.R. 127
City-St-Zip: BREMAN, AL 35033

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: TINA CAMPBELL

MGR

04/14/2009

Electronic Signature of Signing Officer or Director

Date