

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 03, 2009
Secretary of State

DOCUMENT# N04000010924

Entity Name: HERON AT DESTIN WEST BEACH AND BAY RESORT CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

1324 MIRACLE STRIP PARKWAY, #L-08
FT WALTON BEACH, FL 32548

New Principal Place of Business:

1326 MIRACLE STRIP PARKWAY
FT WALTON BEACH, FL 32548

Current Mailing Address:

1324 MIRACLE STRIP PARKWAY, #L-08
FT WALTON BEACH, FL 32548

New Mailing Address:

FEI Number: 20-2757040

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SHIRLEY, REESE GM
1324 MIRACLE STRIP PARKWAY, #L-08
FT WALTON BEACH, FL 32548 US

Name and Address of New Registered Agent:

REESE, SHIRLEY GM
1324 MIRACLE STRIP PARKWAY, #L-08
FT 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: SHIRLEY REESE

04/03/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DST () Delete
Name: SULLIVAN, JOANN
Address: 2701 TRELAWNY DRIVE
City-St-Zip: CLARKSVILLE, TN 37043

Title: DP () Delete
Name: RAWSON, JULIE
Address: 600 LEIGH DRIVE
City-St-Zip: COLUMBUS, MS 39705

Title: DV () Delete
Name: WALLACE, DAVID
Address: 533 GOLF COURSE DRIVE
City-St-Zip: NICEVILLE, FL 32578

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DV (X) Change () Addition
Name: HUNTER, KIRK
Address: 412 BAY OAKS
City-St-Zip: DESTIN, FL 32541

Title: DPT (X) Change () Addition
Name: RAWSON, JULIE
Address: 600 LEIGH DRIVE
City-St-Zip: COLUMBUS, MS 39705

Title: DS (X) Change () Addition
Name: WALLACE, DAVID
Address: 533 GOLF COURSE DRIVE
City-St-Zip: NICEVILLE, FL 32578

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: SHIRLEY REESE

GM

04/03/2009

Electronic Signature of Signing Officer or Director

Date