## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N04000011183

Jan 17, 2009 Secretary of State

FILED

Entity Name: INNERARITY TOWNHOME ASSOCIATION, INC.

**Current Principal Place of Business: New Principal Place of Business:** 15956 INNERARITY RD #5 PENSACOLA, FL 32507 **Current Mailing Address: New Mailing Address:** 14758 PERDIDO KEY DR PENSACOLA, FL 32507 FEI Number: 20-1915682 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: SMITH, G. THOMAS 510 EÁST ZARAGOZA STREET PENSACOLA, FL 32502 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition RALEY, SCOTT Name: Name: P O BOX 2077 Address: Address: City-St-Zip: GULF SHORES, AL 36547 City-St-Zip: Title: VPD Title: ( ) Delete () Change () Addition NABORS, PAUL Name: Name: Address: 22645 CANAL RD STE C Address: City-St-Zip: ORANGE BEACH, AL 36561 City-St-Zip: Title: () Delete Title: (X) Change ( ) Addition MERRYMAN, BARBARA SPARKMAN, JAMES C. Name: Name: 15960 INNERARITY POINT ROAD Address: P O BOX 2077 Address: City-St-Zip: GULF SHORES, AL 36547 City-St-Zip: PENSACOLA, FL 32507 Title: VΡ ( ) Delete Title: (X) Change ( ) Addition Name: PEDE, RAYMOND Name: TOUART, GEORGE 2207 INVERNESS DRIVE Address: PO BOX 2077 Address: City-St-Zip: GULF SHORES, AL 36547 City-St-Zip: PENSACOLA, FL 32503 Title: () Delete Title: (X) Change ( ) Addition BURNETTE, WAYNE BURNETTE, WAYNE Name: Name: Address: PO BOX 2077 Address: PO BOX 2077 City-St-Zip: GULF SHORES, AL 36547 City-St-Zip: GULF SHORES, AL 36547 Title: (X) Delete Title: () Change () Addition ERWIN, PAULA Name: Name: Address: PO BOX 2077 Address: GULF SHORES, AL 36547 City-St-Zip: 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: SCOTT RALEY PRES 01/17/2009