

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000011687

FILED
Jan 23, 2009
Secretary of State

Entity Name: WETAPPO PRESERVE OWNER'S ASSOCIATION, INC.

Current Principal Place of Business:

116 SAILORS COVE DRIVE
PORT ST. JOE, FL 32456

New Principal Place of Business:

209 7TH STREET
PORT ST. JOE, FL 32456

Current Mailing Address:

116 SAILORS COVE DRIVE
PORT ST. JOE, FL 32456

New Mailing Address:

209 7TH STREET
PORT ST. JOE, FL 32456

FEI Number: 20-4203415

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GROOM, PAUL W II
116 SAILORS COVE DRIVE
PORT ST. JOE, FL 32456 US

Name and Address of New Registered Agent:

GULF COAST PROPERTY SERVICES, LLC
209 7TH STREET
PORT ST. JOE, FL 32456 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: GCPS, LLC

01/23/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: GIBSON, THOMAS S
Address: 116 SAILORS COVE DRIVE
City-St-Zip: PORT ST. JOE, FL 32456

Title: D () Delete
Name: RISH, WILLIAM J JR.
Address: 116 SAILORS COVE DRIVE
City-St-Zip: PORT ST. JOE, FL 32456

Title: D () Delete
Name: FAISON, BRENT
Address: 116 SAILORS COVE DRIVE
City-St-Zip: PORT ST. JOE, FL 32456

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: ADKINS, STEVE
Address: 7595 BAYMEADOWS WAY SUITE 100
City-St-Zip: JACKSONVILLE, FL 32256

Title: D (X) Change () Addition
Name: SMITHLEY, BRETT
Address: 7595 BAYMEADOWS WAY SUITE 100
City-St-Zip: JACKSONVILLE, FL 32256

Title: D (X) Change () Addition
Name: PERDUE, RICHIE
Address: 7595 BAYMEADOWS WAY SUITE 100
City-St-Zip: JACKSONVILLE, FL 32256

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: S. NOVAK

CAM

01/23/2009

Electronic Signature of Signing Officer or Director

Date