2009 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
Mar 25, 2009
Secretary of State

DOCUMENT# N05000000365

Entity Name: HARBOUR POINTE OF PERDIDO KEY CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

1430 EAST PIEDMONT DRIVE
TALLAHASSEE, FL 32308

New Principal Place of Business:

5006 CHOCTAW AVENUE
PENSACOLA, FL 32507

Current Mailing Address:

1430 EAST PIEDMONT DRIVE
TALLAHASSEE, FL 32308

New Mailing Address:

PO BOX 34200
PENSACOLA, FL 32507

FEI Number: 20-5682418 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CONNER, MARK A
1430 EAST PIEDMONT DRIVE
TALLAHASSEE, FL 32308 US

Name and Address of New Registered Agent:

STEPHENSON, SAMUEL B
5006 CHOCTAW AVE
PENSACOLA, FL 32507 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: SAMUEL B STEVENSON 03/25/2009
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: ADAMS, LARRY
Address: 2010 AVALON PARKWAY, SUITE 400
City-St-Zip: MCDONOUGH, GA 30253

Title: VD ( ) Delete
Name: FERMAN, DANIEL
Address: 39 WOODLAKE DRIVE
City-St-Zip: NEWMAN, GA 30265

Title: STD ( ) Delete
Name: BEARD, W. L
Address: 107 PEEPLES ROAD
City-St-Zip: FAYETTEVILLE, GA 30215

Title: D ( ) Delete
Name: JONES, FRED
Address: PO BOX 2467
City-St-Zip: PEACHTREE CITY, GA 30269

Title: D ( ) Delete
Name: CONNER, AL
Address: 551 WOODFERN COURT
City-St-Zip: TALLAHASSEE, FL 32312

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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: AL CONNER D 03/25/2009
Electronic Signature of Signing Officer or Director Date