

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000002057

FILED
Apr 27, 2009
Secretary of State

Entity Name: INSPIRATION AT SANDESTIN CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

8100 INSPIRATION DRIVE
SANDESTIN, FL 32550

New Principal Place of Business:

Current Mailing Address:

8100 INSPIRATION DRIVE
SANDESTIN, FL 32550

New Mailing Address:

FEI Number: 20-2479180

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ALLSBROOK, ANDREA
8100 INSPIRATION DRIVE
SANDESTIN, FL 32550 US

Name and Address of New Registered Agent:

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:

Title: VP () Delete
Name: COUVILLION, MARC
Address: 505 WOODSTONE DRIVE
City-St-Zip: BATON ROUGE, LA 70808

Title: P () Delete
Name: BABCOCK, ROB
Address: 9300 EMERALD COAST PARKWAY
City-St-Zip: MIRAMAR BEACH, FL 32550

Title: S () Delete
Name: GOLD, SHARON
Address: 301 E PINE STREET, SUITE 400
City-St-Zip: ORLANDO, FL 32801

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DV (X) Change () Addition
Name: COUVILLION, MARC
Address: 6623 PIKES LN
City-St-Zip: BATON ROUGE, LA 70808 US

Title: DP (X) Change () Addition
Name: LINDLEY, MATT
Address: 9300 EMERALD COAST PKWY W
City-St-Zip: MIRAMAR BEACH, FL 32550 US

Title: DS (X) Change () Addition
Name: GOLD, SHARON
Address: 9300 EMERALD COAST PKWY W
City-St-Zip: MIRAMAR BEACH, FL 32550 US

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: SHARON GOLD

S

04/27/2009

Electronic Signature of Signing Officer or Director

Date