

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000002590

FILED  
Feb 24, 2009  
Secretary of State

**Entity Name:** SOUTH HOLIDAY BUSINESS CENTER OWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

136 SOUTH HOLIDAY ROAD  
SUITE D  
MIRAMAR BEACH, FL 32550 US

**New Principal Place of Business:**

321 HARBOR BLVD  
DESTIN, FL 32541 US

**Current Mailing Address:**

136 SOUTH HOLIDAY ROAD  
SUITE D  
MIRAMAR BEACH, FL 32550 US

**New Mailing Address:**

321 HARBOR BLVD  
DESTIN, FL 32541 US

**FEI Number:** 20-4321024

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

CAPPELLETTI, RONALD  
136 SOUTH HOLIDAY ROAD  
SUITE D  
MIRAMAR BEACH, FL 32550 US

**Name and Address of New Registered Agent:**

CAPPELLETTI, RONALD  
321 HARBOR BLVD  
DESTIN, FL 32541 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:

02/24/2009

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: DP ( ) Delete  
Name: CAPPELLETTI, RONALD  
Address: 136 S. HOLIDAY RD, SUITE D  
City-St-Zip: MIRAMAR BEACH, FL 32550

Title: P ( ) Delete  
Name: DAVIS, WILLIAM  
Address: 136 SOUTH HOLIDAY ROAD SUITE D  
City-St-Zip: MIRAMAR BEACH, FL 32550

Title: D ( ) Delete  
Name: CARTER, CRAIG  
Address: 136 SOUTH HOLIDAY ROAD SUITE D  
City-St-Zip: MIRAMAR BEACH, FL 32550

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: DP (X) Change ( ) Addition  
Name: CAPPELLETTI, RONALD  
Address: 321 HARBOR BLVD  
City-St-Zip: DESTIN, FL 32541

Title: P (X) Change ( ) Addition  
Name: DAVIS, WILLIAM  
Address: 321 HARBOR BLVD  
City-St-Zip: DESTIN, FL 32541

Title: D (X) Change ( ) Addition  
Name: CARTER, CRAIG  
Address: 321 HARBOR BLVD  
City-St-Zip: DESTIN, FL 32541

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: RONALD CAPPELLETTI

DP

02/24/2009

Electronic Signature of Signing Officer or Director

Date