

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000006020

FILED  
Jan 22, 2009  
Secretary of State

**Entity Name:** EAST BAY PLANTATION OF BAY COUNTY HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

224 7TH STREET  
PORT ST JOE, FL 32456

**New Principal Place of Business:**

209 7TH STREET  
PORT ST JOE, FL 32456

**Current Mailing Address:**

224 7TH STREET  
PORT ST JOE, FL 32456

**New Mailing Address:**

209 7TH STREET  
PORT ST JOE, FL 32456

FEI Number: 20-4202437

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 DR  
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

01/22/2009

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: DP ( ) Delete  
Name: JONES, PATRICK  
Address: 711 WOODWARD AVENUE  
City-St-Zip: PORT ST. JOE, FL 32456

Title: DV ( ) Delete  
Name: RISH, WILLIAM J JR  
Address: 214 GAUTIER MEMORIAL LANE  
City-St-Zip: PORT ST JOE, FL 32456

Title: D ( ) Delete  
Name: ROBERTS, GREG  
Address: 224 7TH STREET  
City-St-Zip: PORT ST. JOE, FL 32456

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

Title: D (X) Change ( ) Addition  
Name: JONES, PATRICK  
Address: P.O. BOX 610  
City-St-Zip: PORT ST. JOE, FL 32457

Title: D (X) Change ( ) Addition  
Name: RISH, WILLIAM J JR  
Address: 252 MARINA DRIVE  
City-St-Zip: PORT ST JOE, FL 32456

Title: D (X) Change ( ) Addition  
Name: KENNINGTON, WILLIAM  
Address: 1317 MC CLELLAN AVE.  
City-St-Zip: PORT ST. JOE, FL 32456

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

01/22/2009

Electronic Signature of Signing Officer or Director

Date