

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000006752

FILED
Apr 28, 2009
Secretary of State

Entity Name: POMPAÑO PLACE OWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

5311 E COUNTY HWY 30-A
STE 5
SANTA ROSA BEACH, FL 32459

New Principal Place of Business:

5311 E COUNTY HWY 30-A
STE 3
SANTA ROSA BEACH, FL 32459

Current Mailing Address:

5311 E COUNTY HWY 30-A
STE 5
SANTA ROSA BEACH, FL 32459

New Mailing Address:

5311 E COUNTY HWY 30-A
STE 3
SANTA ROSA BEACH, FL 32459

FEI Number: 32-0153379

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PRITCHETT, WALTER R
5311 E CO HWY 30A
STE 5
SEAGROVE BEACH, FL 32459 US

Name and Address of New Registered Agent:

PRITCHETT, WALTER R
5311 E CO HWY 30A
STE 3
SEAGROVE BEACH, FL 32459 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:

04/28/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DST () Delete
Name: KRAXBERGER, DAVID M
Address: 3867 HOLCOMB BRIDGE RD
City-St-Zip: NORCROSS, GA 30092

Title: DP () Delete
Name: NEAL, WILLIAM R
Address: 3867 HOLCOMB BRIDGE RD
City-St-Zip: NORCROSS, GA 30092

Title: DV () Delete
Name: NEAL, SALLY F
Address: 3867 HOLCOMB BRIDGE RD
City-St-Zip: NORCROSS, GA 30092

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DST (X) Change () Addition
Name: KRAXBERGER, DAVID M
Address: 400 N RIDGE RD STE 620
City-St-Zip: ATLANTA, GA 30350

Title: DP (X) Change () Addition
Name: NEAL, WILLIAM R
Address: 9435 NESBIT LAKES DR
City-St-Zip: ALPHARETTA, GA 30222

Title: DV (X) Change () Addition
Name: NEAL, SALLY F
Address: 9435 NESBIT LAKES DRRD
City-St-Zip: ALPHARETTA, GA 30222

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: WALTER R PRITCHETT

R A

04/28/2009

Electronic Signature of Signing Officer or Director

Date