

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000011687

FILED
Mar 02, 2009
Secretary of State

Entity Name: HISTORIC POINT WASHINGTON ASSOCIATION, INC.

Current Principal Place of Business:

201 SCHOOL RD
POINT WASHINGTON
SANTA ROSA BEACH, FL 32459

New Principal Place of Business:

126 GILMORE RD
POINT WASHINGTON
SANTA ROSA BEACH, FL 32459

Current Mailing Address:

126 GILMORE RD
SANTA ROSA BEACH, FL 32459

New Mailing Address:

126 GILMORE RD
POINT WASHINGTON
SANTA ROSA BEACH, FL 32459

FEI Number: 20-3828664

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HARELSON, RANDY
364 GILMORE RD.
POINT WASHINGTON
SANTA ROSA BEACH, FL 32459 US

Name and Address of New Registered Agent:

CRAWFORD, MARGARET
69 SCHOOL RD.
POINT WASHINGTON
SANTA ROSA 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: MARGARET CRAWFORD

03/02/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DIR () Delete
Name: FOLEY, JAMES
Address: 57 FIG COURT, POINT WASHINGTON
City-St-Zip: SANTA ROSA BEACH, FL 32459

Title: DIR () Delete
Name: HARELSON, RANDY
Address: 364 GILMORE RD., POINT WASHINGTON
City-St-Zip: SANTA ROSA BEACH, FL 32459

Title: DIR () Delete
Name: HORTON, ROGER R
Address: 201 SCHOOL RD., POINT WASHINGTON
City-St-Zip: SANTA ROSA BEACH, FL 32459

Title: DIR () Delete
Name: MARSE, GRACE
Address: 910 HWY 395 NO. , POINT WASHINGTON
City-St-Zip: SANTA ROSA BEACH, FL 32459

Title: D () Delete
Name: DELAHOUSAYE, LINDA Z
Address: 126 GILMORE RD
City-St-Zip: SANTA ROSA BEACH, FL 32459

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: PRES (X) Change () Addition
Name: CRAWFORD, MARGARET
Address: 69 SCHOOL RD., POINT WASHINGTON
City-St-Zip: SANTA ROSA BEACH, FL 32459

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: MARGARET CRAWFORD

PRES

03/02/2009

Electronic Signature of Signing Officer or Director

Date