

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000000415

FILED
Apr 09, 2009
Secretary of State

Entity Name: PROSPECT PARK OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

26 INDIGO LOOP
MIRAMAR BEACH, FL 32550

New Principal Place of Business:

Current Mailing Address:

26 INDIGO LOOP
MIRAMAR BEACH, FL 32550

New Mailing Address:

FEI Number: 20-4138761

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BOYD, WILLIAM G
26 INDIGO LOOP
MIRAMAR BEACH, 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: PTD () Delete
Name: BOYD, WILLIAM G
Address: 26 INDIGO LOOP
City-St-Zip: MIRAMAR BEACH, FL 32550

Title: VD () Delete
Name: MEAD, MICHAEL W
Address: 24 WALTER MARTIN RD UNIT 201
City-St-Zip: FORT WALTON BEACH, FL 32548

Title: SD () Delete
Name: MEAD, MICHAEL W JR
Address: 24 WALTER MARTIN RD UNIT 201
City-St-Zip: FORT WALTON BEACH, FL 32548

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VD (X) Change () Addition
Name: MEAD, MICHAEL W
Address: 24 WALTER MARTIN RD NE, UNIT 201
City-St-Zip: FORT WALTON BEACH, FL 32548

Title: SD (X) Change () Addition
Name: MEAD, MICHAEL W JR
Address: 24 WALTER MARTIN RD NE, UNIT 201
City-St-Zip: FORT WALTON BEACH, FL 32548

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: WILLIAM G. BOYD

PTD

04/09/2009

Electronic Signature of Signing Officer or Director

Date