

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000001842

FILED
Jan 29, 2009
Secretary of State

Entity Name: PLANTATION AT SANTA ROSA HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

6928 COBBLESTONE DRIVE
SUITE 202
SOUTHAVEN, MS 38672

New Principal Place of Business:

17 HACKBERRY DR
SANTA ROSA BEACH, FL 32549

Current Mailing Address:

P.O. BOX 165
SOUTHAVEN, MS 38671

New Mailing Address:

4507 FURLING LANE
SUITE 113
DESTIN, FL 32541

FEI Number: 20-5181477

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WORK, SCOTT M ESQ.
MATTHEWS & HAWKINS, P.A.
4475 LEGENDARY DRIVE
DESTIN, FL 32541 US

Name and Address of New Registered Agent:

COMPASS ASSOCIATION MANAGEMENT
4507 FURLING LANE SUITE 113
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: DEBRA D. HUGHES, CAM

01/29/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: MULLINS, HAL S
Address: P. O. BOX 165
City-St-Zip: SOUTH HAVEN, MS 38671

Title: VPD () Delete
Name: WATSON, TATE
Address: P. O. BOX 1222
City-St-Zip: SANTA ROSA BEACH, FL 32459

Title: STD () Delete
Name: PAEZ, GARY
Address: 9 BALD CYPRESS WAY
City-St-Zip: SANTA ROSA BEACH, FL 34259

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: MULLINS, HAL S
Address: P. O. BOX 165
City-St-Zip: SOUTH HAVEN, MS 38671

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

Title: P (X) Change () Addition
Name: ACHATZ, KEVIN
Address: 28 SHINGLE LANE
City-St-Zip: WATERSOUND, FL 32461

Title: D () Change (X) Addition
Name: CRAUL, WENDY
Address: 23 SEA MYRTLE WAY
City-St-Zip: SANTA ROSA BEACH, FL 32549

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: KEVIN ACHATZ

P

01/29/2009

Electronic Signature of Signing Officer or Director

Date