2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 11, 2009
Secretary of State

DOCUMENT# N06000001991

Entity Name: FLORIDIAN HOMEOWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

5158 COCOA DR.
PENSACOLA, FL 32526

New Principal Place of Business:

6574 TAMPA DRIVE
PENSACOLA, FL 32526

Current Mailing Address:

5158 COCOA DR.
PENSACOLA, FL 32526

New Mailing Address:

6574 TAMPA DRIVE
PENSACOLA, FL 32526

FEI Number: 20-5432371 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BLANKENSHIP, SUZANNE
25 WEST GOVERNMENT STREET
PENSACOLA, FL 32502 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:	DP	( ) Delete
Name:	BOYER, SHAWN M	
Address:	5076 PORT SAINT JOE	
City-St-Zip:	PENSACOLA, FL 32526	
Title:	DVP	( ) Delete
Name:	SCALES, JOHN R	
Address:	5039 PORT SAINT JOE	
City-St-Zip:	PENSACOLA, FL 32526	
Title:	DTRE	( ) Delete
Name:	TAYLOR, THOMAS A	
Address:	5158 COCOA DR.	
City-St-Zip:	PENSACOLA, FL 32526	
Title:	DSEC	( ) Delete
Name:	PETERS, JOCELYN	
Address:	6512 TAMPA DR.	
City-St-Zip:	PENSACOLA, FL 32526	
Title:	DMAL	( ) Delete
Name:	BEER, TERESA	
Address:	6468 SARASOTA ST.	
City-St-Zip:	PENSACOLA, FL 32526	
Title:	DMAL	( ) Delete
Name:	BASS-GAUNTT, KAREN	
Address:	5021 PORT SAINT JOE	
City-St-Zip:	PENSACOLA, FL 32526	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	DTRE	(X) Change ( ) Addition
Name:	EDWARD, OMIETANSKI J	
Address:	6574 TAMPA DRIVE	
City-St-Zip:	PENSACOLA, FL 32526	
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: EDWARD J OMIETANSKI DTRE 04/11/2009

Electronic Signature of Signing Officer or Director — Date