

**2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Apr 30, 2009  
Secretary of State**

DOCUMENT# N06000002139

Entity Name: CESSNA VILLAGE HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

1660 NORTH COUNTY HWY 393  
SANTA ROSA BEACH, FL 32459

**New Principal Place of Business:**

**Current Mailing Address:**

P O BOX 1569  
SANTA ROSA BEACH, FL 32459

**New Mailing Address:**

FEI Number: 20-4813020      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

BLUE, ROB JR.  
221 MCKENZIE AVENUE  
PANAMA CITY, FL 32401      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: PD      ( ) Delete  
Name: BLUE, F LLOYD JR  
Address: P O BOX 1569  
City-St-Zip: SANTA ROSA BEACH, FL 32459

Title: VD      ( ) Delete  
Name: SCHIPPER, IRIS R  
Address: P O BOX 1655  
City-St-Zip: SANTA ROSA BEACH, FL 32459

Title: STD      ( ) Delete  
Name: CHRISTENSEN, JENNIFER  
Address: P O BOX 1655  
City-St-Zip: SANTA ROSA BEACH, FL 32459

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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: IRIS R SCHIPPER

VD

04/30/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date