

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000002201

FILED
May 07, 2009
Secretary of State

Entity Name: HOLIDAY POINT TOWNHOMES OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

621 LAUREL STREET
PANANMA CITY BEACH, FL 32407

New Principal Place of Business:

Current Mailing Address:

621 LAUREL STREET
PANANMA CITY BEACH, FL 32407

New Mailing Address:

FEI Number: 20-4435107 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

WINTRODE, JENNIFER A
519 GRACE AVE
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: DP () Delete
Name: ROGERS, SYLVIA
Address: 2990 BARIMORE PLACE
City-St-Zip: DACULA, GA 30019

Title: DV () Delete
Name: ROPER, BARBARA
Address: 3970 DREW CAMP GROUND RD
City-St-Zip: CUMMING, GA 30040

Title: D () Delete
Name: BRAND, TRACY
Address: 2990 BARIMORE PLACE
City-St-Zip: DACULA, GA 30019

Title: S () Delete
Name: DAY, ANITA
Address: 1466 CO RD 69
City-St-Zip: MUSCADINE, AL 36269

Title: T () Delete
Name: SMITH, JOYCE
Address: 154 LOWELL DRIVE
City-St-Zip: SHARPSBURG, GA 30277

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:

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: SYLVIA B. ROGERS

PRES

05/07/2009

Electronic Signature of Signing Officer or Director

Date