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 Mailing Address: PANANMA CITY BEACH, FL 32407 Current Mailing Address: S21 LAUREL STREET PANANMA CITY BEACH, FL 32407 FEI Number: 20-4435107 FEI Number: 20-4435107 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 The above named entity submits this statement for the purpose of changing its registered office or registered agent, or bott in the State of Florida. SIGNATURE: Electronic Signature of Registered Agent OFFICERS AND DIRECTORS: ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: DP () Delete Title: () Change () Addition Name: Address: 2990 BARIMORE PLACE City-St-Zip: CUMMINS, GA 30019 City-St-Zip: DACULA, GA 30019 City-St-Zip: CUMMINS, GA 30019 City-St-Zip: C	Current P	rincipal Place of Business:	New Principal	New Principal Place of Business:	
B21 LAUREL STREET PANANMA CITY BEACH, FL 32407 FEI Number: 20-4435107 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X) in accordance with s. 807.193(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 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 Name: ROGERS, SYLVIA Name: ROPER, BARBARA Address: 2990 BARIMORE PLACE City-St-Zip: OLMMING, GA 30049 City-St-Zip: CUMMING, GA 30040 City-St-Zip: CUMMING, GA 30040 City-St-Zip: DACULA, GA 30019 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: Mace: SMITH, JOYCE 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: Title: () Change () Addition Name: Address: City-St-Zip: Title: () Change () Addition Name: Address: City-St-Zip: Title: () Change () Addition Name: Address: City-St-Zip					
PANANMA CITY BEACH, FL 32407 FEI Number: 20-4435107 FEI Number Applied For () receive the prior notice. Name and Address of Current Registered Agent: WINTRODE, JENNIFER A 519 GRACE AVE PANAMA CITY, FL 32401 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: Electronic Signature of Registered Agent	Current M	lailing Address:	New Mailing A	ddress:	
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 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					
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In the State of Florida. SIGNATURE: Electronic Signature of Registered Agent Date OFFICERS AND DIRECTORS: ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS Title: Name: ROGERS, SYLVIA Name: ROGERS, SYLVIA Address: 2990 BARIMORE PLACE City-St-Zip: DACULA, GA 30019 City-St-Zip: Title: DV () Delete Title: () Change () Addition Name: Name: ROPER, BARBARA Name: ROPER, BARBARA Name: Address: 3970 DREW CAMP GROUND RD City-St-Zip: Title: D () Delete Title: () Change () Addition Name: Address: 2990 BARIMORE PLACE City-St-Zip: Title: D () Delete Title: () Change () Addition Name: Address: 2990 BARIMORE PLACE City-St-Zip: Title: S () Delete Title: () Change () Addition Name: Address: City-St-Zip: Title: S () Delete Title: () Change () Addition Name: Address: 1466 CO RD 69 Addr	WINTROE 519 GRAC	DE, JENNIFER A CE AVE			
Electronic Signature of Registered Agent OFFICERS AND DIRECTORS: ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Itile: DP () Delete			se of changing its reg	gistered office or registered agent, or both,	
OFFICERS AND DIRECTORS: ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR Title: DP () Delete	SIGNATUI	RE:			
Title: DP () Delete		Electronic Signature of Registered Agent		Date	
Name: ROGERS, SYLVIA	OFFICERS AND DIRECTORS:		ADDITIONS/CH	ANGES TO OFFICERS AND DIRECTORS	
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 City-St-Zip: DACULA, GA 30019 City-St-Zip: () Change () Addition Name: Address: () Delete Title: S () Delete Title: () Change () Addition Name: Address: () City-St-Zip: Title: T () Delete Title: T () Delete Title: () Change () Addition Name: Address: () City-St-Zip: Title: T () Delete Title: () Change () Addition Name: Address: () City-St-Zip: Title: T () Delete Title: T () Delete Name: SMITH, JOYCE Address: 154 LOWELL DRIVE	Vame: Address:	ROGERS, SYLVIA 2990 BARIMORE PLACE	Name: Address:	() Change () Addition	
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 Title: () Change () Addition City-St-Zip: Title: () Change () Addition Name: Address: City-St-Zip: MUSCADINE, AL 36269 Title: T () Delete Title: () Change () Addition Name: SMITH, JOYCE Name: SMITH, JOYCE Address: 154 LOWELL DRIVE Address:	Name: Address:	ROPER, BARBARA 3970 DREW CAMP GROUND RD	Name: Address:	() Change () Addition	
Name: DAY, ANITA Name: Address: 1466 CO RD 69 Address: City-St-Zip: MUSCADINE, AL 36269 City-St-Zip: Fitle: T () Delete Title: () Change () Addition Name: SMITH, JOYCE Name: Address: 154 LOWELL DRIVE Address:	√ame: Address:	BRAND, TRACY 2990 BARIMORE PLACE	Name: Address:	() Change () Addition	
Name: SMITH, JOYCE Name: Address: 154 LOWELL DRIVE Address:	√ame: Address:	DAY, ANITA 1466 CO RD 69	Name: Address:	() Change () Addition	
City-St-Zip: SHARPSBURG, GA 30277 City-St-Zip:	Name:	SMITH, JOYCE	Name:	() Change () Addition	

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