2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2009
Secretary of State

DOCUMENT# N06000005522

Entity Name: ROSEMARY BEACH TOWN CENTER MERCHANT'S ASSOCIATION, INC.

Current Principal Place of Business:

16A SOUTH BARRETT SQUARE
ROSEMARY BEACH, FL 32413

New Principal Place of Business:

200 W WATER ST
ROSEMARY BEACH, FL 32461

Current Mailing Address:

P O BOX 611010
ROSEMARY BEACH, FL 32461

New Mailing Address:

FEI Number: 20-4918452 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

GIFFORD, LINDA
276 W KINGSTON RD
ROSEMARY BCH, FL 32413 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: PRES ( ) Delete
Name: GIFFORD, LINDA
Address: 276 W KINGSTON RD
City-St-Zip: ROSEMARY BEACH, FL 32413

Title: VP ( ) Delete
Name: HARELSON, RANDY
Address: 66 MAIN ST
City-St-Zip: ROSEMARY BEACH, FL 32413

Title: SEC ( ) Delete
Name: SCHNELL, PAIGE
Address: 72 MAIN ST
City-St-Zip: ROSEMARY BEACH, FL 32413

Title: DIR. ( ) Delete
Name: GIFFORD, KEN
Address: 16 B SOUTH BARRETT SQUARE
City-St-Zip: ROSEMARY BEACH, FL 32413

Title: DIR. ( ) Delete
Name: JOSEPH, STAN
Address: 9310 TALLEY CIRCLE
City-St-Zip: DULUTH, GA 30097

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VP (X) Change ( ) Addition
Name: NICKERSON, NIKKI
Address: 54 MAIN ST
City-St-Zip: ROSEMARY BEACH, FL 32413

Title: SEC (X) Change ( ) Addition
Name: GOLDING, GERI
Address: 62 MAIN ST
City-St-Zip: ROSEMARY BEACH, FL 32413

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: LINDA GIFFORD PRES 04/13/2009

Electronic Signature of Signing Officer or Director — Date