

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000005698

FILED
Mar 16, 2009
Secretary of State

Entity Name: LUAU CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

215 GRAND BLVD
SUITE 200
MIRAMAR BEACH, FL 32550 US

New Principal Place of Business:

Current Mailing Address:

215 GRAND BLVD
SUITE 200
MIRAMAR BEACH, FL 32550 US

New Mailing Address:

FEI Number: 05-0586765

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GORMLEY, TERRY P
215 GRAND BLVD
SUITE 200
MIRAMAR BEACH, FL 32550 US

Name and Address of New Registered Agent:

SHIPMAN, GARY A
1414 COUNTY HIGHWAY 283 SOUTH
STE. B
SANTA ROSA BEACH, FL 32459 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: GARY A. SHIPMAN

03/16/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: BOUDREAUX, ALLEN
Address: 4628 FOLSE DRIVE
City-St-Zip: METAIRIE, LA 70006 US

Title: VPD () Delete
Name: MURPHY, JACK
Address: 4 SANCTUARY LANE
City-St-Zip: METAIRIE, LA 70006 US

Title: TD () Delete
Name: COHEN, CLIFF
Address: 4399 OLD BAYOU TRAIL
City-St-Zip: DESTIN, FL 32541 US

Title: SD () Delete
Name: CROELLER, BILL
Address: 9300 EMERALD COAST PKWY W.
City-St-Zip: MIRAMAR BEACH, FL 32550 US

Title: D () Delete
Name: ARMSTRONG, EDWARD
Address: PO BOX 99
City-St-Zip: FREEPORT, FL 32439 US

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: GARY A. SHIPMAN

RA

03/16/2009

Electronic Signature of Signing Officer or Director

Date