

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000006692

FILED
Mar 24, 2009
Secretary of State

Entity Name: PALM BEACH WATER VIEW HOMES OWNERS' ASSOCIATION INC.

Current Principal Place of Business:

P. O. BOX 15819
PANAMA CITY, FL 32406

New Principal Place of Business:

Current Mailing Address:

P. O. BOX 15819
PANAMA CITY, FL 32406

New Mailing Address:

848 JENKS AVE.
PANAMA CITY, FL 32401

FEI Number: 20-8519165

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MCQUAIG, MICHAEL
2604 SHADOW RIDGE COURT
LYNN HAVEN, FL 32444 US

Name and Address of New Registered Agent:

MCQUAIG, MICHAEL
811 E 24TH STREET
LYNN HAVEN, FL 32444 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

03/24/2009

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: MCQUAIG, MICHAEL
Address: 2604 SHADOW RIDGE COURT
City-St-Zip: LYNN HAVEN, FL 32444

Title: D () Delete
Name: MCQUAIG, CYNTHIA
Address: 2604 SHADOW RIDGE COURT
City-St-Zip: LYNN HAVEN, FL 32444

Title: D () Delete
Name: BALL, CLARENCE G JR.
Address: 1600 MARYLAND AVE.
City-St-Zip: LYNN HAVEN, FL 32444

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: MCQUAIG, MICHAEL
Address: 811 E 24TH STREET
City-St-Zip: LYNN HAVEN, FL 32444

Title: D (X) Change () Addition
Name: MCQUAIG, CYNTHIA
Address: 811 E 24TH STREET
City-St-Zip: LYNN HAVEN, FL 32444

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: CYNTHIA MCQUAIG

Electronic Signature of Signing Officer or Director

D

03/24/2009

Date