2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 16, 2009
Secretary of State

DOCUMENT# N06000012995

Entity Name: ELATION AT BAYTOWNE WHARF 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: 20-8087551 **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: DP ( ) Delete
Name: ARMSTRONG, ED
Address: 884 BAY GROVE RD
City-St-Zip: FREEPORT, FL 32439 US

Title: DVP ( ) Delete
Name: MURRAY, JAMES
Address: 130 MARY ESTHER BLVD
City-St-Zip: MARY ESTHER, FL 32569 US

Title: DS ( ) Delete
Name: POEPPLEMAN, MARK
Address: 6422 RED STONE LOOP
City-St-Zip: DUBLIN, OH 43016 US

Title: DT ( ) Delete
Name: GARCIA, CHRIS
Address: 9300 EMERALD COAST PARKWAY
City-St-Zip: MIRAMAR BEACH, FL 32550 US

Title: D ( ) Delete
Name: WALDMAN, RANDOLPH
Address: 8425 OLD BRIDGE LANE
City-St-Zip: LEXINGTON, KY 40513 IS

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