2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 10, 2009
Secretary of State

DOCUMENT# N07000002672

Entity Name: WALTON COUNTY COASTAL RECREATION ASSOCIATION INC.

Current Principal Place of Business:

UNIT D-7 GOLDSBY RD. TOPS'L HILL WAREHOUSE
AND OFFICES
SANTA ROSA BEACH, FL 32459

New Principal Place of Business:

Current Mailing Address:

58 LAKE POINTE DR
SANTA ROSA BEACH, FL 32459

New Mailing Address:

FEI Number: 20-8214160 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

PENTEL, LAURANCE F.
58 LAKE POINT DR.
SEAGROVE BEACH, FL 32549 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: P ( ) Delete
Name: PENTEL, LAURANCE F.
Address: 58 LAKE POINTE DR.
City-St-Zip: SEAGROVE BCH, FL 32459

Title: V ( ) Delete
Name: BISHOP, JIM
Address: 333 S. GULF DR.
City-St-Zip: SEAGROVE BCH, FL 32459

Title: S ( ) Delete
Name: MISSILDINE, TED
Address: 129 DALTON DR.
City-St-Zip: SEAGROVE BCH, FL 32459

Title: T ( ) Delete
Name: DUKE, BRYAN
Address: 342 CO. HWY 83A E
City-St-Zip: FREEPORT, FL 32439

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:

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: LAURANCE F PENTEL PRES 01/10/2009

Electronic Signature of Signing Officer or Director — Date