2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 14, 2008
Secretary of State

DOCUMENT# N07000002938

Entity Name: FADEAWAY COMPOUND AT INDIAN PASS HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

256 HONEYSUCKLE ROAD
SUITE 19
DOTHAN, AL 36305

New Principal Place of Business:

Current Mailing Address:

256 HONEYSUCKLE ROAD
SUITE 19
DOTHAN, AL 36305

New Mailing Address:

FEI Number: 26-2972132 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

ANDERSON, BRUCE P ESQ
200 GRAND BOULEVARD
SUITE 205A
DESTIN, FL 32550 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: ROCKER, JOHN
Address: 256 HONEYSUCKLE ROAD, SUITE 19
City-St-Zip: DOTHAN, AL 36305

Title: VP ( ) Delete
Name: COX, RAY
Address: 256 HONEYSUCKLE ROAD, SUITE 19
City-St-Zip: DOTHAN, AL 36305

Title: S ( ) Delete
Name: JACKSON, DAWN
Address: 256 HONEYSUCKLE ROAD, SUITE 19
City-St-Zip: DOTHAN, AL 36305

Title: T ( ) Delete
Name: MOHR, CHRIS
Address: 256 HONEYSUCKLE ROAD, SUITE 19
City-St-Zip: DOTHAN, AL 36305

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: RAY COX MR 07/14/2008

Electronic Signature of Signing Officer or Director — Date