

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000005006

FILED  
Apr 29, 2008  
Secretary of State

**Entity Name:** BACK NINE HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

2401 ST. ANDREWS DRIVE  
PERRY, FL 32348

**New Principal Place of Business:**

**Current Mailing Address:**

2401 ST. ANDREWS DRIVE  
PERRY, FL 32348

**New Mailing Address:**

**FEI Number:** 26-2471205

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

BASSETT, JAMES C JR.  
2401 ST. ANDREWS DRIVE  
PERRY, FL 32348 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: PT ( ) Delete  
Name: BASSETT, JAMES C JR.  
Address: 2401 ST. ANDREWS DRIVE  
City-St-Zip: PERRY, FL 32348

Title: T ( ) Delete  
Name: BASSETT, SUZANNE M  
Address: 2401 ST. ANDREWS DRIVE  
City-St-Zip: PERRY, FL 32348

Title: VPT ( ) Delete  
Name: HELM, WALTER D JR.  
Address: 7343 S RED PADGETT ROAD  
City-St-Zip: PERRY, FL 32348

Title: ST ( ) Delete  
Name: GRANT, WILLIAM R  
Address: 206 PINELAND STREET  
City-St-Zip: PERRY, FL 32348

Title: TT ( ) Delete  
Name: LYNN, MICHAEL R  
Address: PO BOX 813  
City-St-Zip: PERRY, FL 32348

**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: ST (X) Change ( ) Addition  
Name: GRANT, WILLIAM R  
Address: 2450 ST. ANDREWS DRIVE  
City-St-Zip: PERRY, FL 32348

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: JAMES C. BASSETT JR

PT

04/29/2008

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date