

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000005336

FILED  
May 02, 2008  
Secretary of State

**Entity Name:** AUDUBON POINT HOMEOWNER'S ASSOCIATION, INC.

**Current Principal Place of Business:**

281 BUSINESS CENTRE WAY  
DESTIN, FL 32550

**New Principal Place of Business:**

**Current Mailing Address:**

281 BUSINESS CENTRE WAY  
DESTIN, FL 32550

**New Mailing Address:**

FEI Number: 26-0260007      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:**

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

BURKE, M TODD  
BURKE BLUE HUTCHISON WALTERS & SMITH, P.A.  
215 GRAND BOULEVARD, SUITE 101  
DESTIN, FL 32550 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

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PD      ( ) Delete  
Name: ROMAIR, JASON  
Address: 281 BUSINESS CENTRE WAY  
City-St-Zip: DESTIN, FL 32550

Title: VPD      ( ) Delete  
Name: FAKOURI, WILLIAM N  
Address: PO BOX 141511  
City-St-Zip: BATON ROUGE, LA 70898

Title: STD      ( ) Delete  
Name: FAKOURI, JERRY E JR.  
Address: 1676 DALLAS DRIVE  
City-St-Zip: BATON ROUGE, LA 70806

**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:

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: JASON ROMAIR

MEMB

05/02/2008

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

\_\_\_\_\_  
Date