

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000007153

FILED
Feb 25, 2009
Secretary of State

Entity Name: CARILLON BEACH INN CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

114 MARKET ST
PANAMA CITY BEACH, FL 32413

New Principal Place of Business:

Current Mailing Address:

% MR. PETER J. BARTON
PO BOX 611603
ROSEMARY BEACH, FL 32461

New Mailing Address:

C/O COASTAL PROPERTIES ASSOCIATION MANAGEM
PO BOX 611603
ROSEMARY BEACH, FL 32461

FEI Number: 20-8990519

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

COASTAL PROPERTIES ASSOCIATION MANAGEMENT
36132 EMERALD COAST PKWY
DESTIN, FL 32541 US

Name and Address of New Registered Agent:

COASTAL PROPERTIES ASSOCIATION MANAGEMENT
11714 EMERALD COAST PKWY
MIRAMAR BEACH, 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: ZACH JOHNSON

02/25/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: BARTON, PETER J
Address: 5399 E COUNTRY HWY 30 A #190
City-St-Zip: SANTA ROSA BEACH, FL 32459

Title: D () Delete
Name: SIMMONS, REID W
Address: 116 CARILLON MARKET #701
City-St-Zip: PANAMA CITY BEACH, FL 32413

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: BOWDEN, STEVE
Address: 105 MARKET ST., STE 306
City-St-Zip: PANAMA CITY BEACH, FL 32413

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: PETER BARTON

D

02/25/2009

Electronic Signature of Signing Officer or Director

Date