

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000007853

FILED
Apr 29, 2009
Secretary of State

Entity Name: SIX PALMS NEIGHBORHOOD OWNERS ASSOCIATION, INC

Current Principal Place of Business:

7 TOWN CENTER LOOP C-16
SANTA ROSA BEACH, FL 32459

New Principal Place of Business:

Current Mailing Address:

PO BOX 1247
SANTA ROSA BEACH, FL 32459

New Mailing Address:

POST OFFICE BOX 1247
SANTA ROSA BEACH, FL 32459

FEI Number: 26-1124997

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

STENBERG, CINDY
7 TOWN CENTER LOOP C-16
SANTA ROSA BEACH, FL 32459 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: GASTON, JOHN
Address: 7 TOWN CENTER LOOP C-16
City-St-Zip: SANTA ROSA BEACH, FL 32459

Title: VP () Delete
Name: ALLEN, ANDY
Address: 7 TOWN CENTER LOOP C-16
City-St-Zip: SANTA ROSA BEACH, FL 32459

Title: S () Delete
Name: MCNABB, SHERRI
Address: 7 TOWN CENTER LOOP C-16
City-St-Zip: SANTA ROSA BEACH, FL 32459

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: JOHN GASTON

P

04/29/2009

Electronic Signature of Signing Officer or Director

Date