2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 24, 2009
Secretary of State

DOCUMENT# N08000000251

Entity Name: ALBACORE VILLAGE OWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

1200 SCENIC GULF DRIVE
SUITE B
MIRAMAR BEACH, FL 32550

New Principal Place of Business:

42 BUSINESS CENTRE DR
106
MIRAMAR BEACH, FL 32550

Current Mailing Address:

1200 SCENIC GULF DRIVE
SUITE B
MIRAMAR BEACH, FL 32550

New Mailing Address:

42 BUSINESS CENTRE DR
106
MIRAMAR BEACH, FL 32550

FEI Number: **FEI Number Applied For (X)** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

FRANKLIN H. WATSON, P.A.
5365 E. CO. HWY. 30A
SUITE 105
SEAGROVE BEACH, FL 32459 US

Name and Address of New Registered Agent:

LANE, MARY A
42 BUSINESS CENTRE DR
SUITE 106
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: MARY A LANE 02/24/2009
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: SHEPPARD, KAREN
Address: 1200 SCENIC GULF DRIVE, SUITE B
City-St-Zip: MIRAMAR BEACH, FL 32550

Title: SVD ( ) Delete
Name: MATTESON, SHELLEY
Address: 1200 SCENIC GULF DRIVE, SUITE B
City-St-Zip: MIRAMAR BEACH, FL 32550

Title: TD ( ) Delete
Name: SHEPPARD, ALLEN
Address: 1200 SCENIC GULF DRIVE, SUITE B
City-St-Zip: MIRAMAR BEACH, FL 32550

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: MARY A LANE RA 02/24/2009
Electronic Signature of Signing Officer or Director — Date