

2009 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
Oct 22, 2009
Secretary of State

DOCUMENT# N08000003697

Entity Name: BAY PINES OF SANTA ROSA COUNTY HOMEOWNERS ASSOCIATION, INC.**Current Principal Place of Business:**3000 GULF BREEZE HWY
GULF BREEZE, FL 32563**New Principal Place of Business:**908 GARDENGATE CIRCLE
PENSACOLA, FL 32504**Current Mailing Address:**908 GARDENGATE CIRCLE
PENSACOLA, FL 32504**New Mailing Address:****FEI Number:** 26-0859558**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**GODFREY, RICHARD
3000 GULF BREEZE HWY
GULF BREEZE, FL 32563 US**Name and Address of New Registered Agent:**ETHERIDGE, RAY O
908 GARDENGATE CIRCLE
PENSACOLA, FL 32504 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: RAY O. ETHERIDGE

10/22/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: GODFREY, RICHARD
Address: 7552 NAVARRE PKWY, STE 24
City-St-Zip: NAVARRE, FL 32566

Title: DVP () Delete
Name: MCELFFRESH, TOM
Address: 7552 NAVARRE PKWY, STE 24
City-St-Zip: NAVARREEZE, FL 32566

Title: DST () Delete
Name: CARPENTER, MILLIE
Address: 7552 NAVARRE PKWY, STE 24
City-St-Zip: NAVARREEZE, FL 32566

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change () Addition
Name: EUBANK, TOM
Address: 7552 NAVARRE PKWY, STE 24
City-St-Zip: NAVARRE, FL 32566

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: MILLIE CARPENTER

SEC

10/22/2009

Electronic Signature of Signing Officer or Director

Date