

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N09662

FILED
Jan 16, 2009
Secretary of State

Entity Name: GAILIND'S PLACE OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

2110 WEST 23 STREET
SUITE D
PANAMA CITY, FL 32405 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 15441
PANAMA CITY, FL 324065441 US

New Mailing Address:

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

Name and Address of Current Registered Agent:

ELSASSER, JOHN A.
2110 WEST 23 STREET
SUITE D
PANAMA CITY, FL 32405 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: CPDS () Delete
Name: ELSASSER, JOHN A
Address: P.O. BOX15441
City-St-Zip: PANANMA CITY, FL 324065441

Title: VD () Delete
Name: SMALLWOOD, JIM L.,
Address: 2110 WEST 23RD STREET, SUITE D
City-St-Zip: PANAMA CITY, FL 32405

Title: D () Delete
Name: AYCOCK, SUSAN
Address: 7 LACEBARK LN
City-St-Zip: ELGIN, SC 29045

Title: D () Delete
Name: MICINTOSH, GAILIND
Address: P O BOX 3995
City-St-Zip: JOHNSON CITY, TN 37602

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:

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 ALLEN ELSASSER

PRES

01/16/2009

Electronic Signature of Signing Officer or Director

Date