

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N10442

FILED
Mar 03, 2009
Secretary of State

Entity Name: POOLSIDE VILLAS OWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

300 GULFSHORE DR
DESTIN, FL 32540 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 1339
DESTIN, FL 32540 US

New Mailing Address:

FEI Number: 59-2859640

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CRESSE, JEFFERY J CAM
4051 KATS COURT
DESTIN, FL 32541 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: PD () Delete
Name: CATES, CHUCK
Address: 510 TANA CREST CIR.
City-St-Zip: ATLANTA, GA 30328

Title: SD () Delete
Name: O'BERC, ROGER
Address: 140 COUNTRY CLUB DR
City-St-Zip: DESTIN, FL 32541

Title: VPD () Delete
Name: SCASNY, MICHAEL
Address: 300 SANDALIN LANE
City-St-Zip: PEACHTREE CITY, GA 30269

Title: D () Delete
Name: WHITEHEAD, JOSEPH
Address: 43 WHETSTONE CLOSE
City-St-Zip: MILLBROOK, AL 36054

Title: D () Delete
Name: BARBER, BEVERLY
Address: 454 CREEK SIDE DRIVE
City-St-Zip: LEESBURGE, GA 31763

Title: D () Delete
Name: KENNARD, ZACK
Address: 805 CEDAR LANE, APT 14D
City-St-Zip: KNOXVILLE, TN 37912

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: D (X) Change () Addition
Name: MITCHELL, DAVID
Address: 5416 SHAMROPS DR
City-St-Zip: KENNER, LA 70065

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: JEFF CRESSE

CAM

03/03/2009

Electronic Signature of Signing Officer or Director

Date