

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N11139

FILED
Mar 16, 2009
Secretary of State

Entity Name: BEACHFRONT II OWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

145 BEACHFRONT TRAIL
SANTA ROSA BEACH, FL 32459 US

New Principal Place of Business:

Current Mailing Address:

5311 E. CO HWY 30-A
STE 5
SANTA ROSA BEACH, FL 32459 US

New Mailing Address:

FEI Number: 59-2590754 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PRITCHETT, WALTER R
5311 E. CO HWY 30-A
STE 5
SANTA ROSA BEACH, FL 32459 US

Name and Address of New Registered Agent:

SHIPMAN, GARY A
1414 COUNTY HIGHWAY 283 SOUTH
STE. B
SANTA ROSA BEACH, FL 32459 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: GARY A. SHIPMAN

03/16/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D P () Delete
Name: TOPPING, NANCY
Address: 2862 HOLLYWOOD DRIVE
City-St-Zip: DECATUR, GA 30033

Title: D S () Delete
Name: WRIGHT, PATTY
Address: PO BOX 87
City-St-Zip: FALLS OF ROUGH, KY 40119

Title: D () Delete
Name: PALEY, MIKE
Address: 2221 JUNCTION ROAD
City-St-Zip: FALLS OF ROUGH, KY 40119

Title: D V () Delete
Name: OPPENHEIM, ANNILIESE
Address: 3900 ROYAL OAKS COURT
City-St-Zip: TALLAHASSEE, FL 32309

Title: D T () Delete
Name: SHARP, JOANNE
Address: 5122 EDGEWATER DR
City-St-Zip: SAVAGE, MN 55378

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: GARY A. SHIPMAN

RA

03/16/2009

Electronic Signature of Signing Officer or Director

Date