


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 16, 2008 8:00 am
Secretary of State

07-16-2008 90010 016 ****61.25

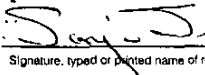
DOCUMENT # N11560	
1. Entity Name PETERSEN POINT HOMEOWNERS ASSOCIATION, INC.	

Principal Place of Business 7796 PETERSEN PT RD MILTON, FL 32583	Mailing Address 7796 PETERSEN PT RD MILTON, FL 32583 US
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2. Principal Place of Business - No P.O. Box # 7820 PETERSEN PT RD	3. Mailing Address 7820 PETERSEN PT RD
Suite, Apt. #, etc.	Suite, Apt. #, etc.

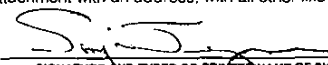
City & State MILTON, FL	City & State MILTON, FL
Zip 32583	Country SANTA ROSA
Zip 32583	Country SANTA ROSA

6. Name and Address of Current Registered Agent SIMMONS-JONES, TJ 7796 PETERSEN PT RD MILTON, FL 32583	
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7. Name and Address of New Registered Agent Name: SONJA JERNAGAN Street Address (P.O. Box Number is Not Acceptable): 7820 PETERSEN PT RD City: MILTON FL Zip Code: 32583	
8. 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. I am familiar with, and accept the obligations of registered agent.	
SIGNATURE:  SONJA JERNAGAN	DATE: 7/13/08

Filing Fee is \$61.25 Due by September 12, 2008	9. Election Campaign Financing Trust Fund Contribution: <input type="checkbox"/> \$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GORDON, GUY 7848 PETERSEN PT RD MILTON, FL 32583 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT TONY WALDROP 7832 PETERSEN PT RD MILTON, FL 32583 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD SIMMONS-JONES, TJ 7796 PETERSEN PT RD MILTON, FL 32583 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SEC TREAS SONJA JERNAGAN 7820 PETERSEN PT RD MILTON, FL 32583 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD JERNAGAN, BUG 7280 PETERSEN PT RD MILTON, FL 32583 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP JOE ADERHOLDT 7808 PETERSEN PT RD MILTON, FL 32583 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LINDSAY, ALAN 7791 PETERSEN PT RD MILTON, FL 32583 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR TIM JUDGE 7852 PETERSEN PT RD MILTON, FL 32583 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WALDROP, TONY 7832 PETERSEN PT RD MILTON, FL 32583 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR ANDY HARRELL 7816 PETERSEN PT RD MILTON, FL 32583 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.	
SIGNATURE:  SONJA JERNAGAN SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	DATE: 7/13/08 DAYTIME PHONE #: (850) 712-5640