2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 11, 2009
Secretary of State

DOCUMENT# N13947

Entity Name: FLORENCE POINT OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

P.O. BOX 6162
FERNANDINA BEACH, FL 32034 US

New Principal Place of Business:

5443 FLORENCE PT. DR.
FERNANDINA BEACH, FL 32034 US

Current Mailing Address:

P. O. BOX 6162
FERNANDINA BCH, FL 32035 US

New Mailing Address:

P.O. BOX 6162
FERNANDINA BEACH, FL 32034 US

FEI Number: 59-2895055 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ROBIN, ST PETER G
5443 FLORENCE PT DRIVE
FERNANDINA BEACH, FL 32034 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:	V	( ) Delete
Name:	HARVEY, LEWIS	
Address:	5340 GREAT OAK COURT	
City-St-Zip:	FERNANDINA BEACH, FL 32034	
Title:	T	( ) Delete
Name:	ROBIN, ST PETER G	
Address:	5443 FLORENCE PT DR	
City-St-Zip:	FERNANDINA BEACH, FL 32034	
Title:	P	( ) Delete
Name:	MCELWAIN, JUDY	
Address:	5358 FLORENCE PT DR	
City-St-Zip:	FERNANDINA BEACH, FL 32034	
Title:	D	(X) Delete
Name:	MCQUEEN, RAY	
Address:	5430 MARSHVIEW LANE	
City-St-Zip:	FERNANDINA BEACH, FL 32034	
Title:	D	( ) Delete
Name:	JOHNSON, PETER	
Address:	5425 FLORENCE PT DRIVE	
City-St-Zip:	FERNANDINA BEACH, FL 32034	
Title:	D	( ) Delete
Name:	HENDRIX, MICHAEL	
Address:	5337 FLORENCE POINT DR	
City-St-Zip:	AMELIA ISLAND, FL 32034	

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:	
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: ROBIN G. ST.PETER T 01/11/2009
Electronic Signature of Signing Officer or Director — Date