## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N18646

FILED Jan 20, 2009 Secretary of State

Entity Name: PROMENADE OFFICEOWNERS' AND STOREOWNERS' ASSOCIATION, INC.

Current Principal Place of Business:		New Principal Place	New Principal Place of Business:	
3317 FRC SUITE 9	NT BEACH RI	)		
	CITY BEACH,	FL 32407		
Current N	lailing Addres	ss:	New Mailing Addres	s:
	NT BEACH RI	)		
SUITE 9 PANAMA	CITY BEACH,	FL 32407		
El Number	: 59-2887197	FEI Number Applied For ( )	FEI Number Not Applicable ( )	Certificate of Status Desired ( )
Name and	d Address of (	Current Registered Agent:	Name and Address o	of New Registered Agent:
	ENZIE AVENUI CITY, FL 3240			
PANAMA The above	CITY, FL 3240	01 US	ourpose of changing its registere	ed office or registered agent, or both,
PANAMA The above In the Stat	CITY, FL 3240 e named entity e of Florida. RE:	១1 US submits this statement for the រុ		ed office or registered agent, or both,
PANAMA The above In the Stat	CITY, FL 3240 e named entity e of Florida. RE:	01 US		ed office or registered agent, or both,  Date
PANAMA The above n the Stat BIGNATU	CITY, FL 3240 e named entity e of Florida. RE:	on US submits this statement for the part of the part of Registered Agree of Registere	ent	
PANAMA The above n the Stat BIGNATU	e named entity e of Florida.  RE: Electror  S AND DIREC  PD ( SCHILLECI, FF	submits this statement for the particles of Registered Age  TORS:  Delete RANK S  FOLMAR INDUST BLVD	ent	Date
PANAMA The above In the State BIGNATU  DFFICER ittle: lame: ddress:	e named entity e of Florida.  RE:  Electron  S AND DIREC  PD ( SCHILLECI, FF 1700 EMORY I MONTGOMER)	submits this statement for the price Signature of Registered Age TORS:  Delete RANK S FOLMAR INDUST BLVD Y, AL 36110  Delete ARK OR	ent  ADDITIONS/CHANG  Title: Name: Address:	Date ES TO OFFICERS AND DIRECTORS

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: ROBERTA LAWRENCE MGR 01/20/2009