

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N21062

FILED
Jan 15, 2009
Secretary of State

Entity Name: SAIL HARBOR PROPERTY OWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

18215 BRANCH RD
HUDSON, FL 34667 US

New Principal Place of Business:

701 ENTERPRISE ROAD EAST
SUITE 405
SAFETY HARBOR, FL 34695 US

Current Mailing Address:

PREMIER COMM CONSULT
18215 BRANCH RD
HUDSON, FL 34667 US

New Mailing Address:

INTEGRITY ASSOC MGMT INC
701 ENTERPRISE RD E, SUITE 405
SAFETY HARBOR, FL 34695 US

FEI Number: 59-2813388

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CIANFRONE, JOSEPH R PA
1964 BAYSHORE BLVD
DUNEDIN, FL 34698 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: DT () Delete
Name: MARUSA, ROBERT
Address: 18215 BRANCH RD
City-St-Zip: HUDSON, FL 34667

Title: DVP () Delete
Name: CADWALLADER, MEREDITH
Address: 18215 BRANCH RD
City-St-Zip: HUDSON, FL 34667

Title: SD () Delete
Name: LAZZARI, PETER
Address: 18215 BRANCH RD
City-St-Zip: HUDSON, FL 34667

Title: DP () Delete
Name: HOWE, DAVID
Address: 18215 BRANCH RD
City-St-Zip: HUDSON, FL 34667

Title: DVP () Delete
Name: ANDERSON, VICKI
Address: 18215 BRANCH RD
City-St-Zip: HUDSON, FL 34667

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:

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: DAVID HOWE

PRES

01/15/2009

Electronic Signature of Signing Officer or Director

Date