

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N22126

FILED
Mar 09, 2007
Secretary of State

Entity Name: BARRIER DUNES-SEACLIFFS SEWAGE TREATMENT FACILITY, INC.

Current Principal Place of Business:

C/O ROBERSON & FRIEDMAN
214 7TH STREET
PORT ST JOE, FL 32456

New Principal Place of Business:

Current Mailing Address:

POST OFFICE BOX 1154
PORT ST JOE, FL 32457

New Mailing Address:

FEI Number: 58-1832889

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

COSTIN, CHARLES A.
413 WILLIAMS AVENUE
PORT ST. JOE, FL 32456 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: PD () Delete
Name: PALMER, MORRIS
Address: 204 HWY 98
City-St-Zip: PORT SAINT JOE, FL 32456

Title: TD () Delete
Name: PICKETT, BOYD
Address: 108 SUNSET CIR
City-St-Zip: PORT SAINT JOE, FL 32456

Title: SD () Delete
Name: SUMMERS, LARRY
Address: PO BOX 23660
City-St-Zip: LEXINGTON, KY 40523

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VPD (X) Change () Addition
Name: PALMER, MORRIS
Address: 204 HWY 98
City-St-Zip: PORT SAINT JOE, FL 32456

Title: TD (X) Change () Addition
Name: SCOTT, RICH
Address: 1P.O. BOX 997
City-St-Zip: THOMASVILLE, GA 31799

Title: PD (X) Change () Addition
Name: SUMMERS, LARRY
Address: 117 TURTLEWALK
City-St-Zip: PORT ST JOE, FL 32456

I hereby certify that the information supplied with this filing does not qualify for the 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: LARRY SUMMERS

PD

03/09/2007

Electronic Signature of Signing Officer or Director

Date