

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N22126

FILED  
Jan 05, 2009  
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:**

RON MEYER  
2544 BLAIRSTONE PINES DR  
TALLAHASSEE, FL 32301 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: RON, MEYER  
Address: 2544 BLAIRSTONE PINES DR  
City-St-Zip: TALLAHASSEE, FL 32301

Title: D ( ) Delete  
Name: SCOTT, RICH  
Address: P.O. BOX 997  
City-St-Zip: THOMASVILLE, GA 31799

Title: TD ( ) Delete  
Name: SUMMERS, LAURENCE T  
Address: 117 TURTLEWALK  
City-St-Zip: PORT ST JOE, FL 32456

Title: D ( ) Delete  
Name: WEAVER, DENNIS  
Address: 1849 KELTON LANE  
City-St-Zip: MARYVILLE, TN 37803 62

Title: D ( ) Delete  
Name: DULANY, LISSA  
Address: 201A 5TH STREET  
City-St-Zip: ATLANTA, GA 30308

Title: D ( ) Delete  
Name: MORRISON, JANET  
Address: 4100 BRIGADE TRAIL  
City-St-Zip: KENNESAW, GA 30156

**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: LAURENCE T. SUMMERS

TREA

01/05/2009

Electronic Signature of Signing Officer or Director

Date