

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N22126

FILED
Jan 07, 2010
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
Name: RON, MEYER
Address: 2544 BLAIRSTONE PINES DR
City-St-Zip: TALLAHASSEE, FL 32301

Title: D
Name: SHIVER, JOHN M
Address: 537 BARRIER DUNES DRIVE
City-St-Zip: PORT ST JOE, FL 32456

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

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

Title: D
Name: PERROTTA, FRANK
Address: 156 ELM STREET
City-St-Zip: HUDSON, OH 44236 US

Title: D
Name: DIXON, ROBIN
Address: 2602 AINSLEY COURT
City-St-Zip: MARIETTA, GA 30066

I hereby 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 all other like empowered.

SIGNATURE: LAURENCE T. SUMMERS

TD

01/07/2010

Electronic Signature of Signing Officer or Director

Date