

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N23556

FILED  
Mar 04, 2009  
Secretary of State

**Entity Name:** OTTER RUN HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

220 OTTER RUN DR  
FERNANDINA BEACH, FL 32034 US

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 15282  
FERNANDINA BEACH, FL 32035 US

**New Mailing Address:**

**FEI Number:** 59-3311231

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

SPEDALIERE, CARMINE  
4281 HICKORY PLACE  
FERNANDINA BCH, FL 32034 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: TD ( ) Delete  
Name: MCINTYRE, ROBERT  
Address: 220 OTTER RUN DR.  
City-St-Zip: FERNANDINA BEACH, FL 32034

Title: D ( ) Delete  
Name: MURRY, GREG  
Address: 397 OTTER RUN DR  
City-St-Zip: FERNANDINA BEACH, FL 32034

Title: VPD ( ) Delete  
Name: ARMBRUSTER, JOHN  
Address: 4296 MAPLE COURT  
City-St-Zip: FERNANDINA BCH, FL 32034

Title: PD ( ) Delete  
Name: SPEDALIERE, CARMINE  
Address: 4281 HICKORY PLACE  
City-St-Zip: FERNANDINA BEACH, FL 32034

Title: S ( ) Delete  
Name: JOHNSON, DARIA  
Address: 246 PALMETTO TRL  
City-St-Zip: FERNANDINA BEACH, FL 32034

**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: CARMINE SPEDALIERE

PD

03/04/2009

Electronic Signature of Signing Officer or Director

Date