2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 02, 2009
Secretary of State

DOCUMENT# N25597

Entity Name: ST. DAVID'S ISLAND PROPERTY OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

333 17TH ST
STE 2L
VERO BEACH, FL 32960 US

New Principal Place of Business:

Current Mailing Address:

333 17TH ST
STE 2L
VERO BEACH, FL 32960 US

New Mailing Address:

FEI Number: 65-0125303 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ROSS, EARLE
759 S. FEDERAL HIGHWAY
SUITE 212
STUART, FL 34995 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: DP ( ) Delete
Name: NOE, BOB
Address: 333 17TH ST, STE 2L
City-St-Zip: VERO BEACH, FL 32960

Title: D ( ) Delete
Name: EDWARDS, GARRY DR
Address: 333 17TH ST, STE 2L
City-St-Zip: VERO BEACH, FL 32960

Title: DVP ( ) Delete
Name: PAYNE, WILLIAM
Address: 333 17TH ST, STE 2L
City-St-Zip: VERO BEACH, FL 32960

Title: T ( ) Delete
Name: PALMER, JOE III
Address: 333 17TH ST, STE 2L
City-St-Zip: VERO BEACH, FL 32960

Title: DS ( ) Delete
Name: MALSBARY, ANNE
Address: 333 17TH ST, STE 2L
City-St-Zip: VERO BEACH, FL 32960

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: DS (X) Change ( ) Addition
Name: BOYER, CLELL
Address: 333 17TH ST, STE 2L
City-St-Zip: VERO BEACH, FL 32960

Title: DT (X) Change ( ) Addition
Name: PALMER, JOE III
Address: 333 17TH ST, STE 2L
City-St-Zip: VERO BEACH, FL 32960

Title: DVP (X) Change ( ) Addition
Name: O'NEILL, JOHN
Address: 333 17TH ST, STE 2L
City-St-Zip: VERO BEACH, FL 32960

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: ALAN P. ROMANO MGR 04/02/2009

Electronic Signature of Signing Officer or Director — Date